

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

7 October 1995

**Yorks' pharmacist  
admits script fraud**

**£40,000 on domiciliary  
visits in Croydon**

**Putting  
your feet  
first in  
pharmacy**



**All aboard Unichem's  
Marrakech express**

**AAH freezes out fridge  
item discount**

**OFT to turn spotlight  
on medicine prices?**

**Update: the silent  
plight of hearing loss**

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**ADVANCED RELIEF**

For a free copy of our comprehensive clinical guide, please contact: Crookes Healthcare Ltd, P.O. Box 57, Nottingham NG7 2LJ.

**References:** 1. Data on file, Crookes Healthcare, 1990. 2. Schachtel, B.P. Clin. Pharmacol. Ther., 1988, 44, 704.



**M**orale among GPs is at an all-time low, recent research suggests. One in five are expected to leave general practice, and GP trainee posts are difficult to fill. A predicted shortage of family doctors in the future means others are going to have to take on some of their roles.

The pharmaceutical industry is grappling with the consequences of cost constraints in the healthcare system. Companies are well aware that they will only find a market for their products if they can justify the cost benefits. NHS dental services can be hard to track down and the public is confused as to which treatments are now available.

Things aren't too wonderful for community pharmacists, either. NHS fee income in real terms has hovered around an average \$60,000 in England and Wales for the past five years. The point to highlight from these facts is that, yes, times are hard, but other health professionals are having an equally tough time.

Unichem's annual convention this week (p504) provided firm evidence that pharmacists are getting to grips with the purchaser-provider culture of the new NHS.

The Centre for Pharmacy Post-graduate Education claims that almost 80 per cent of community pharmacists now participate in its programmes. The challenge now is to put this growing reservoir of expertise to good use. As one convention speaker said: "Change is not an option. It is happening. Flexibility and opportunism is vital." And another observed that nurse practitioners are lining up to relieve overworked GPs of some of their burden. But patients also think highly of community pharmacists, and it's a strength the profession must capitalise on.

**CHEMIST & DRUGGIST**

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# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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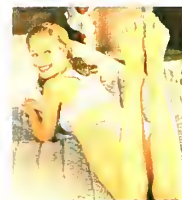


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# Croydon pharmacists allocated £40,000 for domiciliary visits

Community pharmacists in Croydon are to undertake home visits.

Following a successful bid by Croydon Local Pharmaceutical Committee, the Family Health Services Authority's community pharmacy development facilitator and Croydon's Mayday Hospital, \$40,000 of district money has been allocated to fund hospital and GP-initiated domiciliary visits.

Around half of Croydon's 71 pharmacists will participate.

"The main thrust of this," says LPC chairman Andrew McCoig, "is to reduce the incidence of iatrogenic disease and re-admissions back to hospital, particularly among the elderly, through compliance or drug failure."

Pharmacists will make an initial visit to the designated patient

and use this as the basis for a pharmaceutical care plan. Each visit will be followed by liaison with the patient's GP.

Sheila Chantler, the FHSA's community pharmacy development facilitator, says the funding covers three visits to 200 patients. "There is a real need for pharmacists to be out there providing this service," she says.

## NPA launches the Pledge

Pharmacists keen to enhance their professional image have a new tool at their disposal – the NPA Pharmacy Pledge.

The National Pharmaceutical Association believes the latest initiative will "enhance [members] professional image, promote the benefits of pharmacy and, most importantly, spell out to their existing and new customers the calibre and scope of services on offer", says the NPA's

spokesperson, Colette McCreedy.

The Pledge, printed on A4-sized embossed parchment, lists the services offered, professional standards and commitment to the customer under the promise 'Our Pledge to You...'

NPA director Tim Astill points out: "The future lies in being proud of our profession – and it behoves all members to pay particular attention to developing their customer service."

## Folic acid seminar series

A series of seminars to educate health professionals about the benefits of folic acid will kick off in November.

The seminars, which pre-empt the February launch of the Health Education Authority's folic acid information campaign, will take the form of presentations and interactive workshops. Speakers will include Department of Health representatives,

the HEA and local public health-care professionals.

The seminars will be held on: November 21 (Leicester), November 29 (Manchester), December 5 (York), December 13 (Exeter) and January 13 (London). For a booking form and more details contact: Professional Briefings, P20 Wilton Road, London SW1V 1JZ. Tel: 0171 233 8322.

## Liverpool LPC enters into the world of business

Liverpool Local Pharmaceutical Committee has commissioned a commercial agency to run training seminars for members.

Member Management Services will train the LPC on teamworking, improving negotiating skills, recognising opportunities and putting together realistic bids in the hope of securing locally devolved monies.

"Custom and usage have been LPC policy, but not any more. The new policy is to work in a modern business environment,

speak the language of purchasers and communicate with 21st-century techniques," comments the committee's secretary Jeremy Clitherow.

The initiative kicked off last weekend with a starter session for LPC officers. "It went down a storm. We did not realise how little we knew," says Mr Clitherow. A further session for all members takes place this Sunday.

Member Management Services is paid approximately \$500 per session.

## Humberside's judicial review

A judicial review of the Clothier Regulations, scheduled for this month, is unlikely to be heard before the end of November (C&D July 9, p144).

Humberside dispensing doctors have gained leave for a judicial review of Humberside Family Health Services Authority's decision to grant a pharmacy contract in the village of Holme-on-Spalding Moor. The doctors' argument is that the FHSA should have considered prejudice to medical services when making its decision.

● Gloucestershire dispensing doctors dropped their application for a judicial review of the same regulations, following the granting of a pharmacy contract in the village of Chalford Hill.

## RPSGB Council to call for script review

The Royal Pharmaceutical Society's Council has called for the prescription charge system to be reviewed in the wake of Welsh pharmacist Allan Sharpe's policy of treating NHS forms as private scripts.

"Public demands for pharmacists to dispense NHS prescriptions for POM medicines privately to patients, where this can be done at a price lower than the \$5.25 charge, result directly from the high cost of the NHS prescription charge," says a Council statement. A review of the system would resolve the anomaly within the NHS.

Echoing the advice last week of the Pharmaceutical Services Negotiating Committee, Council has advised pharmacists that they "should not participate in arrangements designed to circumvent NHS regulations".

## Pharmacies now control repeat scripts

Grampian community pharmacists are controlling the repeat prescriptions of 4,000 patients in the area.

In a study, conducted by Grampian Health Board and the Department of General Practice at Aberdeen University, around 60 pharmacies in the Aberdeen area are holding post-dated prescriptions issued by nine GP practices. A control group of ten GP practices are offering patients repeat prescriptions in the normal way.

Under the pilot project, the GP provides the patient with enough prescriptions until the next review date. Each is for three months' supply, with pharmacists dispensing on a monthly basis, on the proviso that a protocol of questions is answered before each dispensing.

As the instalment dispensing approach will result in a delay to pharmacists' reimbursement, the project co-ordinators have ensured that pharmacists are not out of pocket. They will also receive a small fee per patient, to be calculated at the end of the study next June.

"This new system of issuing repeat prescriptions saves the patient going back to the practice," says Aberdeen University research pharmacist Catriona Matheson.

Financial backing for the project has been sourced from the Scottish Primary Care Development Fund.

● The same team is conducting a survey of Scottish pharmacists' services to drug misusers.

A questionnaire is being distributed this week to all the country's pharmacies to determine the services currently being offered, pharmacists' level of involvement and their attitudes towards drug misusers.

## Nurse prescribing – results next year

The results of the Government's nurse prescribing project are due early next year.

The year-long, eight-centre study will continue to run while the results are evaluated. "We will carry on looking at things that have come out of the evaluation," says project manager Mike Sowerby.

A report is expected some time between January and April.



## Dispensing doctor fight

A Gloucestershire pharmacy is to fight against a local GP surgery's application for dispensing rights outside the town.

Dr Wilson & Partners, the only practice in the town of Berkeley, is moving to obtain the right to dispense for patients living in parishes south of the town. If successful, the switch of patients will have a detrimental effect on the area's single pharmacy, Berkeley Pharmacy.

Shirley Fiamingo, the pharmacy's managing director, believes the long-term view is for the doctors "to have dispensing consent for this whole area". She is currently trying to investigate the number of scripts which may be lost to her surgery from the 5,000-patient practice. Gloucester Family Health Services Authority's director, Steven Gollidge, estimates the population is "a few hundred in each area".

The FHSA's first step is to review the rurality of the area in question, before then determining whether the move is prejudicial to medical or pharmaceutical services.

## Target high-risk groups for vaccination

"High-risk individuals should be vaccinated as soon as possible," advised Dr Kenneth Calman, the chief medical officer, speaking at the launch of Flu Awareness Week.

High-risk patients are defined as those of any age, but particularly the elderly, who have: chronic respiratory disease, including asthma and bronchitis; chronic heart disease; kidney failure; diabetes mellitus; and immuno-suppression due to disease or treatment.

Those in residential or nursing homes and other long-stay facilities, where rapid spread is likely to follow introduction of infection, should be vaccinated.

The following flu vaccines have been granted product licences for this season: Influvac (Solvay Healthcare); Fluvirin (Evans); Inactivated Influenza Vaccine BP (Pasteur Merieux MSD); Fluzone (Servier); and Fluorix (Smith-kline Beecham).

However, Merieux's flu vaccine is not widely available in England and Wales. AAH reports it is only supplying to its Scottish and Northern Ireland customers, via transfer orders. Unichem has a similar situation in operation through its Scottish branches.



Convention delegates live it up in Morocco – see pages 504-506 for convention report

## Chemist admits to script fraud

A former York pharmacist lived the high life, while cheating the NHS out of thousands of pounds, Leeds Crown Court heard last week.

Bryan Samson, 53, of Moor Monkton, near York, admitted squandering the cash on gambling, cars and luxury hotels. Thousands more went on an exotic holiday and new home.

But he told a jury at the trial of his alleged partner in the conspiracy, Dr Timothy Whitefield, he did not instigate the scam.

Dr Whitefield, 49, of Leeds, denies conspiring to defraud the NHS of \$170,000 by writing bogus prescriptions which were then processed by Samson.

Giving evidence against Dr Whitefield, Mr Samson said: "It was Dr Whitefield's idea to do this. He said if we were caught, I would bear the brunt of the problems because the only person the monies could be got back to was myself."

"He would come in two or three times a week on average

and I would pay him a third of the rate of the prescriptions."

The jury was told the alleged fraud took place between October, 1989, and May, 1990, at one of Samson's Leeds pharmacies.

The two men met in a pub in 1987. Samson had built up a chain of chemist shops, with one on Huntingdon Road, York. Since then, Mr Samson has sold his three pharmacies and has been removed from the pharmaceutical register for non-payment of fees.

## Psychiatric Pharmacy Group speaks out on problem of revolving door syndrome

Use of psychotropic medicines is often ineffective and inappropriate, says the UK Psychiatric Pharmacy Group.

As a result, many patients lead poor-quality lives, moving repeatedly from hospital to community and back again – the so-called revolving door syndrome.

In an attempt to improve treatment, the Group is launching a consensus statement on 'Community care of people with mental health needs'. The Group, representing pharmacists working in mental health services, has also consulted widely with psychiatrists, the Department of Health, health purchasers and patient groups.

The statement makes recommendations about pharmaceutical care in hospitals, in the community and at the interface. It suggests that, long before patients are discharged, the pharmacist, carers and the prescriber

should develop a prescribing plan which ensures that drug regimens are kept as simple as possible, avoiding multiple administration times and tablet strengths.

Liaison between the community and hospital pharmacist should be a two-way process which encourages each to use the other as a resource during periods of admission, discharge and at all other times.

The document recommends community pharmacists should:

- be involved in the Care Programme Approach, which provides an opportunity to review medication
- follow up patients who are likely to default on medicine-taking, notifying the appropriate services where necessary
- ensure continuity in the availability of medicines by regular discussion with community psychiatric nurses.

## All change at CPPE

Professor Peter Noyce, head of Manchester University's department of pharmacy, is to become the acting director of the Centre for Pharmacy Post-graduate Education, while a replacement is sought for departing director Dr Alison Blenkinsopp.

The news follows changes in NHS organisation, which will result in the CPPE being consolidated at one site, over the coming year, within the Manchester School of Pharmacy.

Professor Noyce comments: "We recognise that our first priority is to maintain the quality and level of service that participants have come to expect of the organisation during this interim period."

Ross Groves, a CPPE local tutor for Sefton and South Lancashire, is also joining the team, filling in for Dr Lindsey Bagley, who begins her maternity leave at the end of this month.

Advertising for the post of director will appear "in the near future".



## Prodigy kicks off

A six-month trial of the Department of Health's computerised 'formulary' is to start in 120-150 GP practices on October 30. The system, initially called 'Prescriptor', but now called 'Prodigy', offers GPs five or six drug recommendations for every keyed-in diagnosis.

## Avon hotline

Avon Health has set up a telephone hotline detailing out of hours pharmaceutical services in urban areas. The scheme replaces the old rota system, guaranteeing a set number of pharmacies opening beyond normal hours. The rota system, however, will continue to operate in rural areas.

## Back pain cure?

A non-clinical trial of six nurses who suffer from back pain found that glucosamine sulphate daily improved symptoms in all cases, and, in one instance, removed pain completely. The results will be presented at the launch of next week's National Back Pain Week.

## Scottish scripts

The Scottish Prescription Pricing Division has announced it expects 90 per cent of prescriptions will be submitted electronically from pharmacies by August, 1997. The Scottish Pharmaceutical General Council is in discussion with the Scottish Office regarding the cost implications for pharmacists in terms of updating computers. The Scottish Office has agreed that Coal Tar Paste and Coal Tar Solution Methylated will be reimbursed as specials, following the announcement that Thornton & Ross has ceased production of its coal tar products.

## Coventry tackles falls

Coventry Family Health Services Authority is running an awareness week to stimulate understanding of falls in the elderly. A briefing session, attended by local organisations working with the elderly, listened to local community pharmacist Lawrence Tressler lecture on iatrogenic causes of falls.

## Deaf figures

The number of registered deaf people in England has risen by 9 per cent on the previous three years, while the number of people registered hard of hearing was 125,900, a 32 per cent increase over the same period.

# Patient pack confusion prompts NPA action

The confusion surrounding the implementation of patient packs has spurred the National Pharmaceutical Association to prepare a position paper.

The latest NPA Board report reveals the paper will be ready for its October meeting. It will identify all areas of concern to pharmacists and list the questions which it feels need to be answered.

The NPA chairman, Wally Dove, and deputy secretary, John D'Arcy, had recently had a meeting at the Department of Health to discuss some of these issues, but most points had not yet been clarified.

The chairman reported to the Board that it looked likely, at the moment, that the transition period between the current breaking bulk system and patient pack dispensing had been extended from three months to six months, setting back the beginning of implementation to March 1, 1996.

**GSL ibuprofen** The Board noted that ibuprofen's GSL status would be subject to a two-year trial period and it was therefore agreed that the PR department should increase activity with the media and opinion-formers, highlighting the problems of purchasing medicines from non-pharmacy outlets – focusing on ibuprofen in particular.

**Unit pricing** The Board approved a response, prepared by John D'Arcy, to a new price marking directive, which had been circulated by the Department of Trade and Industry.

There was a number of points

of concern to NPA members, the most important being a proposal to remove an exemption from unit pricing for retailers classified as 'small shops'. If the directive goes through as currently drafted, NPA members will have to unit price the vast majority of their products.

**Health boards** It was agreed that the Association's members should be encouraged to seek election to the non-executive boards of their local FHSAs or Health Commissions.

**BMA visit** Dr Mac Armstrong, secretary of the British Medical Association, recently visited Mallinson House. The NPA director, Tim Astill, had the opportunity of discussing several issues of concern to pharmacists and doctors and ways in which the two organisations could develop working relationships between the two professions.

Mr Astill is to visit the BMA offices soon.

**Anti-smoking charter** The Board approved a pharmacists' charter on 'Action Against Smoking', which had been presented at the fourth annual meeting of the EuroPharm Forum in June.

**Practice research** The Board agreed that good practice research was essential to provide the Government with evidence of pharmacists' contribution to cost-effective healthcare.

**Agricultural and Veterinary support** A donation of £700 towards the cost of running the Society's Agricultural and Veterinary Pharmacy Diploma was approved.

**Assistant training** The NPA has

achieved its 'best-ever' enrolment on its dispensing technicians correspondence course – over 300 applicants. In addition, the number of assistants on the NPA's Interact now exceeds 8,000.

A recent survey by the Industrial Society was presented to the Board. This showed that employers, on average, spend £384 per employee on training.

**NPA computer 'think tank'** The Association's computer 'think tank' identified a number of areas for immediate action, including ways of getting information to members on disc or via modem; an NPA Shareware system should be implemented to allow members to share their own specific pharmacy computer programmes.

The Board also agreed to explore the possibility of negotiating special prices or promotion deals for its members who wished to be connected to the Internet.

**Insurance agents** The Board agreed a scheme, in which NPA members act as agents for an insurance company, be accepted as an NPA-promoted service.

The company concerned had suggested to the Association that the close association between pharmacies and holidays, through malaria and sun screen advice, lent itself to such an arrangement.

Under the scheme the company would supply pharmacies with leaflets to display and the pharmacist would collect commission for every insurance sale that resulted.

# Labour Party looks to the future of healthcare

Margaret Beckett, the shadow health secretary, has warned the Labour Conference that the NHS is facing the most dangerous attack in its 50-year history.

Mrs Beckett rejected claims from bodies like Healthcare 2000 – the think tank chaired by Sir Duncan Nichol, the former NHS chief executive – that the health service might become little more than a safety net.

She said Labour would "modernise and renew" the NHS and

ensure a high quality of healthcare for all.

But, like the recent Labour health document, Mrs Beckett failed to mention pharmacies, prescription charges or the cost of the health service drugs bill.

However, one Labour MP was trying to get it on the agenda by attempting to introduce an emergency debate at the Conference, possibly calling for a scheme whereby pharmacists could dispense NHS items privately if they

cost less than the prescription charge.

Allan Sharpe, who was fined \$550 for offering to dispense NHS scripts privately, said on Tuesday that his MP, Don Touhig, was hoping to initiate a debate around the House of Commons health committee's recommendation in its report on the NHS drugs budget last year, which suggested pharmacists dispense items costing less than the script fee privately.



## N IRELAND NOTEBOOK

The price of drugs,  
the cost of health

The pattern of GP prescribing has become much more generic as doctors take greater cognisance of medicine costs. GPs are now less likely to prescribe when they feel the patient is not in need of a medicine – a development which should lead to more rational, cost-effective prescribing.

The downside – if the industry is to be believed – is that its falling profits will hamper research to develop new drugs. A more acute concern is that patients might be denied effective medicines, putting their health at risk. Nonsense, says the Government!

Reassuringly, there is evidence that the costs of drugs to treat asthma, for example, have increased as GPs adopt greater

Doctors are more  
concerned with  
cost-benefit than  
with cost

compliance with treatment guidelines, which shows doctors are more concerned with cost-benefit than with cost.

Representing 10 per cent of the total costs of the NHS, the drugs budget is good value for money, but Government sees it as the softest target for cost-cutting.

A young couple, going on their first foreign holiday, presented a prescription for eight Lariam tablets on a private prescription in the name of the wife. The doctor had informed them he was no longer able to write prescriptions for 'holiday medicines'. He said it was Government policy (if you can afford to go on foreign holidays, you can afford to pay for your medicines). The GP also told them they shouldn't pay any more than £20 for the prescription.

Giving this lady advice on taking the medicine, I joked that her husband was not going. He was! He had a prescription, but they could not afford two. From the GP's perspective, £20 is not a great outlay. For a low-income family, saving hard for its two-week break, it is a huge amount.

The Government intends to blacklist malaria prophylaxis. No doubt some money will be saved, but this will be quickly offset by the cost of treating malaria brought back to this country. "The price of everything, the value of nothing".

Written by a practising N Ireland community pharmacist.

Following in  
the footsteps

I write terrible testimonials, but I cannot allow this week to pass without commenting on last week's change in editorship at *Chemist & Druggist*. After 11 years in the hot seat, John Skelton has moved onwards and upwards to a well deserved rest in the executive suite, while equally deservedly Patrick Grice has assumed the mantle of my immediate boss.

When he became editor, John had the unenviable task of following in the footsteps of Ron Salmon (now the publisher of *C&D*), but he rose to the task to transform the magazine from the leading community pharmacy journal of the Eighties to the premier publication of the Nineties.

Now Patrick is charged with continuing that process, and if he is as successful as his predecessors, then the future of *C&D* (and hopefully my job!) is assured.

I have enjoyed the freedom John has allowed me in writing my humble weekly offering, but, more importantly, I have valued the trust and support he has offered me on those occasions when it was he who had to weather the storm of protest from those offended by my anonymous criticisms!

I am looking forward to providing Patrick with similar future light entertainment, but meanwhile thank John for being such an understanding editor and wish him every success in his new role as associate publisher of the Pharmacy Group within Miller Freeman Professional.

More than  
just a case of  
temperature  
sensitivity

I have just received a letter from AAH informing me that, because of the costs involved in storing, and now transporting, temperature-sensitive pharmaceuticals, as of November 1, they will no

Topical  
Reflections

being forced into paying out increased capital to replace perfectly serviceable equipment.

A wolf in  
sheep's  
clothing

Tesco is responding to demand by notifying major GP practices and FHSAs of medicines that may be purchased for less than £5.25, either over the counter, or by the issuing of a private prescription (*C&D* September 30, p456). What a magnanimous gesture, one which has saved local pharmaceutical committees such a lot of duplicated work, and by a company which probably runs more non-contract pharmacies than any other – but do I detect a wolf in sheep's clothing?

Shame on me for ever considering such a thing, but if doctors are encouraged to write private prescriptions, then those prescriptions can quite legally be dispensed at any pharmacy, including Tesco's non-contract outlets.

What if an NHS form is presented to a non-contract pharmacy and dispensed privately? Will that pharmacy be reported to the police by the Royal Pharmaceutical Society's inspector and charged with stealing a piece of Government paper. Will Tesco then valiantly take the stand to replace Allan Sharpe as public saviour No 1?

The can of worms continues to spill its purulent contents and, with the National Pharmaceutical Association now taking up the good fight, Tesco *et al* are only too willing to capitalise on the resulting confusion.

longer be eligible for qualifying discount.

I have every sympathy with AAH's problem, as I, too, have just had to purchase a larger refrigerator than my present, and still working, model and will also soon have to similarly replace a perfectly good CD cabinet because it is proving not large enough to cope.

But, whereas AAH and other wholesalers can unilaterally change their terms of trading, I am tied into a rigid contract totally outside my control. As of November 1, all 'fridge lines' will effectively become zero discounted, but, before I dispense any of these products for November prescriptions, I want to be perfectly sure that they are going to be treated as such by the Prescription Pricing Authority.

And while PSNC is tackling this particular problem, it should also insist on a capital allocation directly payable to pharmacies who, through legislative change, and no fault of their own, are now



## Botanica back to aromatherapy basics



Botanica is a new aromatherapy range targeted to appeal to younger consumers.

With its brightly-coloured presentation, in blue and orange, the range is hoped to appeal to newcomers to aromatherapy, too.

It comprises 20 of the most popular essential oils, including tea tree (\$2.90), ylang ylang (\$4.20) and orange

(\$1.50) presented in 5ml dropper bottles. A body base (\$1.90, 30ml) and a bath base (\$2.90, 50ml) are also available.

A counter display unit is available and contains four of each essential oil and four of each base oil. It costs \$131.80 and comes complete with a header card and information leaflet.

**Aromatherapy Products Ltd. Tel: 01273 325666.**

## Ultra sampling of Elastoplast

Half a million households will be targeted by Smith & Nephew in a door drop sampling campaign of Elastoplast Ultra.

Householders will receive two sample Elastoplast Ultra plasters and a £0.25 money off coupon. Each individual coupon is bar coded, providing details of the door drop location and allowing Elastoplast to track redemption figures.

The distribution areas are based on locations of major Boots stores.

**Smith & Nephew Consumer Products Ltd. Tel: 0121 327 4750.**

## Cow & Gate recipe boost

Cow & Gate is stepping up support for the new addition to its Olvarit range – Mrs MacLachlan's Mediterranean Vegetable & Lamb Risotto.

Under the title, 'a homemade ad, for a homemade recipe', a double-page colour ad promotes the values of Olvarit by featuring Mrs MacLachlan's Dundee kitchen.

To back this move, new POS is available comprising an A4 jar picture, shelf wobblers and posters.

**Cow & Gate Nutricia Ltd. Tel: 01225 768381**

## Brushing up on toothpicks

Brushpicks are a new kind of toothpick, which incorporate a brush.

The mini brush is able to get into crevices in the most awkward areas to dislodge food particles, distributor Salestrend says.

Manufactured from polypropylene, the company says they cannot splinter or break in use. They are mild

mint-flavoured to leave the mouth feeling fresh.

Available in pastel pink, blue and green, the range comprises: pocket pack (50, \$0.50), blister pack (100, \$0.89), acrylic case pack (150, \$1.35), PVC drum pack (300, \$1.99), blister pack (300, \$1.99) and PVC drum pack (600, \$3.49).

**Salestrend Ltd. Tel: 01481 728652.**

## Beecham's cold-busting winter

Smithkline Beecham is putting \$3.4 million behind its Veno's and Beechams All-in-One brands this winter.

Beechams All-in-One is back on TV in November for two months with its 'Ice hockey' campaign, first shown last year.

Veno's will be on-air from mid-December to mid-February using the familiar 'Parrot' execution.

**Smithkline Beecham plc. Tel: 0181 560 5151.**

## Drier spells from Pampers

Procter & Gamble is introducing Pampers Baby Dry Plus nappies this autumn.

The new product replaces the Baby Dry line of nappies and comes in a full range designed to meet all needs. The new Baby Dry Plus technology tackles both dryness and absorbency; and leakage protection is also enhanced by a new technology in the leg cuffs.

The Baby Dry Plus range comprises: Newborn pack (\$4.99), Carry Packs (\$6.45), Economy Packs (\$11.99) and Quattro Packs (\$22.99).

The launch will be supported by a \$5.5 million advertising campaign.

**Procter & Gamble Ltd. Tel: 0191 279 2000.**

## Slick oils

Tisserand has added another eight essential oils to its retail line:

**German Camomile, Cardomon, Cedarwood Atlas, Coriander, Immortelle, Kanuka, Melissa and Violet Leaf.**

Kanuka oil, which is exclusive to Tisserand, has similar antiseptic properties to tea tree oil, but with a milder aroma.

**Aromatherapy Products Ltd. Tel: 01273 325666.**

## Paramol hot off the press

Paramol is being supported throughout the autumn and winter seasons by a new advertising campaign in the women's press.

Two consumer ads have been developed, 'to increase the overall appeal of the brand', Seton Healthcare says.

**Seton Healthcare Group plc. Tel: 0161 652 2222.**

## Potter's opts for malt/cod combo

Potter's has combined two natural food supplements – malt extract and cod liver oil – in a new tonic.

Available in butterscotch, honey and unflavoured varieties, it also boasts an RDA of folic acid. One pound packs retail at \$2.95, 2lb packs at \$4.69.

**Potter's Herbal Medicines. Tel: 01942 234761.**

## Pastille push

To promote its Olbas Pastilles, Lanes is offering giant Olbas Pastille cartons for use in window displays.

The cartons stand two feet high and are accompanied by a new counter display unit.

Both Olbas Oil and Pastilles are to be promoted this winter in a \$500,000 ad campaign.

**Dendron Ltd. Tel: 01923 229251.**

## All eyes on winning specs

Superspecs is running a window display competition with the winner receiving a \$150 cash prize. It runs until November.

**Direct Perception Ltd. Tel: 0181 518 2685.**

## Boosting up the Lynx Systeme

Elida Gibbs is offering a free pack of Lynx Systeme moisturising shaving foam with every purchase of sensitive deodorant (from October 9).

The special, banded packs are on offer at £2.39 and bear a red flash detailing the offer.

**Elida Gibbs Ltd. Tel: 0171 486 1200.**





# *When it comes to powerful pain relief you have to hand it to Paramol®*



Paramol is one of the fastest growing strong analgesic brands on the market - and also one of the most widely recommended by pharmacists.

This strong success is set to grow with the launch of a popular 24 tablet pack, and a £1.5 million spend, starting with a major autumn and winter campaign in quality women's magazines from September.

Which is why even more of your customers will soon know about Paramol Tablets' unique combination of the powerful analgesic Dihydrocodeine Tartrate BP 7.46mg and the trusted pain relief of Paracetamol BP 500mg.

If you want to have a hand in Paramol's profitable success, talk to your Seton representative now.

## **PARAMOL®**

DIHYDROCODEINE TARTRATE BP 7.46mg & PARACETAMOL BP 500mg

**THERE'S NO STRONGER PAIN RELIEF WITHOUT PRESCRIPTION**

**Abbreviated Product Information. Presentation:** Each white tablet engraved PARAMOL contains 500mg Paracetamol BP and 7.46mg Dihydrocodeine Tartrate BP. **Indications:** For the treatment of mild to moderate pain, including headache, migraine, febrile conditions, period pains, toothache and other dental pain, backache and other muscular aches and pains, and also as an anti-pyretic. **Dosage and Administration:** PARAMOL Tablets should, if possible, be taken during or after meals. **Adults and Children over 12 years:** 1 or 2 tablets every four to six hours. Do not exceed 8 tablets in any 24 hour period. **Children under 12 years:** Not recommended. **Contra-indications, warnings, etc:** **Contra-indications:** Respiratory depression, obstructive airways disease, hypersensitivity to paracetamol or any of the other constituents. **Warnings:** Dosage should be reduced in the elderly, in hyperthyroidism and chronic hepatic disease. Care is advised in the administration of paracetamol to patients with severe renal or hepatic impairment. Patients should be advised not to take other paracetamol containing products concurrently. Should be given with caution to patients with allergic disorders and should not be given during an attack of asthma. **Use in pregnancy and lactation:** Studies have shown no ill effects due to paracetamol used in the recommended dosage. Availability published data does not contra-indicate breast feeding. **Side Effects:** These are rare in therapeutic doses. Constipation, if it occurs, is readily treated with a mild laxative. **Legal Category:** P. **Package Quantities and Retail Prices:** 12's £2.19, 24's £3.69, 36's £4.89. **P.L. Number:** 11314/0050. **P.L. Holder:** Seton Products Ltd, Oldham. **Date of Preparation:** August 1995. PARAMOL is a Registered Trade Mark. Further information is available on request from the Licence Holder.

 Seton  
Healthcare Group plc



# Sanpro relaunch for Smith & Nephew



Smith & Nephew is relaunching its sanitary towel range, Secrets, and is now offering ultra and normal thickness towels (with or without wings) in a choice of soft or new Dry-Care covers.

Dry-Care is a patented stay-dry net cover system, now available on Maxi Slim Ultra and on new Maxi Dry shaped

towels of normal thickness with wings. Both products have a choice of regular and super absorbency. Prices are unchanged.

An introductory trade promotion offers a free six-pack of Maxi Slims for every five lines purchased.

**Smith & Nephew Consumer Products Ltd.**  
**Tel: 0121 327 4750.**

## Play your cards right with Unichem

Unichem has negotiated a deal with The Paper House Group, enabling independents to retail greeting cards (with a possible POR of 55 per cent on each sale).

The choice ranges from birthday and thank you cards – available in two different 'start-up' packages and supplied

with complementary rotating display and counter top units – to special seasonal packages, such as Christmas, Valentine's Day, etc.

All display facilities will be installed by trained merchandisers.  
**Unichem plc. Tel: 0181 391 2323.**

## ON TV NEXT WEEK

**Askit Powders:** STV, GTV, C4

**Bazuka:** GMTV

**Imodium:** All areas

**Otex Ear Drops:** C4

**Pearl Drops:** B, G, C, A, M, C4 & GMTV

**Rennie Rap-Eze:** All areas

**Wisdom Contour Toothbrush:** All areas

**Wrigleys:** All areas

**GTV** Grampian, **B** Border, **BSkyB** British Sky Broadcasting, **C** Central, **CTV** Channel Islands, **LWT** London Weekend, **C4** Channel 4, **U** Ulster, **G** Granada, **A** Anglia, **CAR** Carlton, **GMTV** Breakfast Television, **STV** Scotland (central), **Y** Yorkshire, **HTV** Wales & West, **M** Meridian, **TT** Tyne Tees, **W** Westcountry

## Tampax in global relaunch

Tambrands is relaunching Tampax in a global repack.

The new look has bolder graphics on a dark blue background and will be available from October 1. The company says that pack copy now more clearly communicates the product form, absorbency and pack count.

The relaunch will be supported by a new TV advertising campaign later this year, in addition to new ads in the teenage press.

**Tambrands Ltd. Tel: 01705 442000.**

## Twist and shout about new Supervolume

**Braun's new Supervolume Twist is set to add volume to hairdryer sales this Christmas.**

The new dryer boasts that within minutes it can transform straight hair to cascading curls or bigger, fuller locks.

Supervolume Twist is able to build volume and body at the roots of straight hair or, by turning a dial, tease hair into an 'S' shape, creating loose curls.

There are two versions available, one at £24.99 (a 1,200 watt version) and one at £29.99 (a more powerful 1,600 watts).

The launch is to be supported by a heavyweight pre-Christmas ad campaign, comprising press and TV support.

**Braun (UK) Ltd. Tel: 01932 785611.**

## Dream cream

Photofinish, the make-up range from Miners International, has added an all in one 30ml cream foundation.

The formulation contains sweet almond oil and vitamin E. Presented in a frosted glass pump-action bottle, it retails at £3.99.

**Miners International Ltd. Tel: 01264 350379.**

## Extra defiance

Revlon has introduced a fuller coverage foundation in its Age Defying range.

Age Defying Extra Cover Creme Makeup contains Revlon's patented hydrating formula and is available in six shades.

Presented in a frosted square jar, it retails at £13.50.

From October 25, Revlon is also introducing five new Colourstay lipsticks. Retailing at \$7.95, the new shades are Candy, Orchid, Sorbet, Sunset and Flambee.

**Revlon International Corporation. Tel: 0171 629 7400.**

## Ultimate Wonderwear

Wonderwear is a new foundation from Ultima II.

The patent-pending formula is lightweight, with a skin conditioning, silicone-based emulsion and provides up to 18 hours of wear, the company says.

Available from October 25, it comes in six shades and retails at \$17.

**Revlon International Corporation. Tel: 0171 629 7400.**

## West Coast manicure

A softly polished natural nail is the new Californian fashion look sweeping the country.

Orly's Beverly Hills Manicure Kit (£7.50) follows this trend, incorporating a base coat, a soft shade of plum, sheer white tips, polish and a top coat.

**Jica Beauty Products Ltd. Tel: 0181 979 7261.**

### Product Information. Nurofen 400:

Each tablet contains 400mg Ibuprofen B.P.

**Indications:** Effective in the relief of headaches, cold and 'flu symptoms, rheumatic and muscular pain, backache, fever, migraine, period pain, dental pain and neuralgia.

**Dosage and Administration:** Adults and children over 12 years: Initial dose 1 tablet, then if necessary 1 tablet every 4 hours. Do not exceed 3 tablets in any 24 hours.

**Precautions and Warnings:** As with some other pain relievers, Nurofen 400 should not be taken by patients with a stomach ulcer or other stomach disorder or hypersensitivity to ibuprofen. Patients receiving regular medication, asthmatics, anyone allergic to aspirin, and pregnant women should be advised to consult their doctor before taking Nurofen 400. In normal use, side effects are very rare, but may occasionally include dyspepsia, gastrointestinal intolerance and bleeding, and skin rashes. Not recommended for children under 12. If symptoms persist for more than 3 days patients should consult their doctor.

**Product Licence Number:** 0327/0035

**Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA

**Legal Category:** P

**Price:** Nurofen 400: 24's £4.49

**Date:** June 1995

**Nurofen Micro-Granules:** Each sachet contains 400mg Ibuprofen B.P.

**Indications:** Effective in the relief of headaches, cold and 'flu symptoms, rheumatic and muscular pain, backache, fever, migraine, period pain, dental pain and neuralgia.

**Dosage and Administration:** Adults and children over 12 years: Initial dose 1 sachet, then if necessary 1 sachet every 4 hours. Do not exceed 3 sachets in any 24 hours.

**Precautions and Warnings:** As with some other pain relievers, Nurofen Micro-Granules should not be taken by patients with a stomach ulcer or other stomach disorder or hypersensitivity to ibuprofen. Patients receiving regular medication, asthmatics, anyone allergic to aspirin, and pregnant women should be advised to consult their doctor before taking Nurofen Micro-Granules. Each sachet contains 132mg (approximately 6mEq) sodium. This should be considered in patients whose overall intake of sodium must be restricted. In normal use, side effects are very rare, but may occasionally include dyspepsia, gastrointestinal intolerance and bleeding, and skin rashes. Not recommended for children under 12. If symptoms persist for more than 3 days patients should consult their doctor.

**Product Licence Number:** 0327/0081.

**Licence Holder:** Crookes Healthcare Limited, Nottingham, NG2 3AA.

**Legal Category:** P.

**Price:** Nurofen Micro-Granules:

6's £1.69, 12's £2.95.

**Date:** June 1995





fast effective pain relief in a single tablet



## YOUR BIGGEST NEWS SINCE NUROFEN PLUS

The launch of new Nurofen Micro-Granules and Nurofen 400 gives you an even greater choice of recommendations.

The latest innovation from Nurofen, Nurofen Micro-Granules comes in sachets, delivering all the analgesic and anti-inflammatory benefits of Nurofen in a

unique soluble form. At the same time, its pleasant orange flavour ensures compliance. And Nurofen 400 makes sure a full 400mg dose is delivered with only one tablet.

This year the £13.5 million support behind the Nurofen range will bring even

more customers into your pharmacy – especially since the two new products are available only from you.

No other analgesic range gives your customers as much choice. To take full advantage of it, make sure you stock new Nurofen Micro-Granules and Nurofen 400.

WHATEVER THE PAIN, YOU'VE GOT A NUROFEN ANSWER



## Mintec OTC

Monmouth Pharmaceuticals has launched its antispasmodic Mintec Capsules OTC. The 25-capsule pack retails at £5.65. Initial stocks will be supplied on six months' sale or return. **Farillon Ltd. Tel: 01708 379000.**

## Hawaiian Tropic

From December 31, Warner Wellcome will cease to be the distributor for the Hawaiian Tropic range. All orders should continue to be placed via Warner until that time. From January 1, 1996, the range will be distributed by Hawaiian Tropic Europe. All orders and queries should be directed to:

**John Marshall, national account manager UK, Hawaiian Tropic Europe Inc, 3 Whitestown Industrial Estate, Tallaght, Dublin 24, Ireland. Tel: 0990 143528. Fax: 0990 143529.**

## Dixel on video

A national '2 for 1' video rental offer is running on all specially-marked Dixel Family Value packs.

**Jamont UK Ltd. Tel: 0181 864 5411.**

## Mavala stocking fillers

Mavala has four new colour mini packs (£4.95) available for Christmas, all featuring Minute Quick Finish.

**Mavala (UK) Ltd. Tel: 01732 459412.**

## Dali's model

Winner of the Elite Premier Look of the Year, Sandra Wagner has signed her first contract with Parfums Salvador Dali to represent Eau de Dali on a tour of South America.

**The PR Workshop. Tel: 01444 415439.**

## Bath builders

Bubble baths in toy construction vehicles, including a digger and bulldozer, are the latest products available from Prelude.

**Prelude UK Ltd. Tel: 0191 233 0293.**

# Worth a lot more



International Classic Brands is running a special gift with purchase offer on Je Reviens.

With every 7.5ml parfum spray (purchased at \$28), the company is offering a

free 7.5ml refill (worth \$17.25).

Pre-packs contain six sprays and refills, a tester and a merchandiser.

**International Classic Brands. Tel: 0181 579 6060.**

## Vantage wises up to pearls

Vantage has extended its Naturewise range with a new Bath Pearls line, retailing at £2.99 for a packet of 12.

A single, free outer of bath pearls, together with a 10 per cent discount, is available on orders of more than £100. The same discount (but with no product) is available on orders of more than £50.

The promotion covers the whole of the Naturewise range of six essential oils and one carrier oil, six body care products, four bath oils and six lip balms. **AAH Pharmaceuticals Ltd. Tel: 01928 717070.**

## Clairol turns heads with £1.5m ad spend

Clairol is supporting its hair colorant ranges – Clairol Loving Care and Lasting Color – with a \$1.5 million ad campaign, running to the end of October.

The phased promotion, which kicked off in August, is now backing the Loving Care brand with a TV burst and a \$1 off next purchase.

**Bristol-Myers Co Ltd. Tel: 01895 628000.**

## Yardley set to Enhance the older woman

Enhance is a new foundation from Yardley designed to meet the changing skin care needs of the older woman.

The formulation combines hyaluronic acid, vitamin E and camellia extract to give a moisturising effect. It also has an SPF factor of 15.

To minimise the appearance of wrinkles and minor skin imperfections (like broken veins) the foundation blends pigments, powder and three types of silicone.

Available from October 26 in four shades, it will retail at \$5.75.

**Yardley of London. Tel: 01268 522711.**

## Ma Griffe set to make its mark

'Leave your mark on a man' is the provocative new strapline of the latest Ma Griffe advertising campaign.

The new ads will appear in the November issues of women's magazines, such as *Marie Claire* and *She*.

Each execution features a woman's hand seen clawing a bright green mark down a man's back. The word 'Griffe' means scratch or

## Konica deals for Christmas

Konica has put together a special film and tape offer. It consists of two rolls of 24-exposure VX200 colour print film and a cassette of Konica Super SG E180 videotape, retailing at £5.99 (normal retail price over £10). The offer will run until Christmas.

● During the run-up to Christmas, the Konica EU-Mini camera will be available in a colourful box designed for maximum impact, retailing at £39.99.

Currently available in three primary colours (red, blue and yellow) and black, new versions of the camera will be introduced for Christmas in red or blue, spangled with gold stars, and silver. **Konica UK. Tel: 0181 751 6121.**

## Fuji's winter trial offers

A special twin pack of one 36-exposure Fujicolor Super G Plus 200 ISO film together with a free 12-exposure roll of the 400 ISO film is now available in counter top dispensers, each holding 10 twin packs.

The company is also offering a free toy Polar bear with some of its most popular cameras. The offer runs between now and Christmas. They will be supplied in a merchandiser specially created for the promotion, along with tent cards which read 'Take me home!'

**Fuji Photo Film (UK) Ltd. Tel: 0171 586 5900.**

## Gucci puts the accent on Accenti

The new women's fragrance from Gucci Parfums first launched at Harrods in early September is now on national roll-out.

The fragrance itself has fruity top notes of blackcurrant and mandarin; together with floral heart notes of rose, jasmine, lily of the valley and clove. Base notes are vetiver, sandalwood, patchouli, vanilla, tonka bean and also includes fruity notes of peach and raspberry.

The range comprises both a fragrance and body line: parfum (7.5ml, \$48); eau de toilette natural spray (100ml, \$46 and 50ml, \$31.50); eau de toilette splash (50ml, \$29.50 and 30ml, \$21.50); shower bath (150ml, \$12.50); body lotion (150ml, \$14.50); and deodorant natural spray (100ml, \$17.50).

**Creative Fragrances Ltd. Tel: 0181 391 4200.**

## Take Pleasures in perfume

Estee Lauder's latest fragrance, Pleasures, has just gone on-counter.

Described as "a sheer flowering to delight all the senses", the fragrance has a noticeable lilac note. Top notes include lilies and violet leaves; with heart notes of black lilacs, white peonies and pink roses; blended with base notes of Indian sandalwood and patchouli.

The range comprises: eau de parfum spray (15ml, £17.50), eau de parfum spray (30ml, £25), eau de parfum spray (50ml, £32.50), eau de parfum pour (50ml, £31), body lotion (250ml, £27.50) and parfum (7ml, £55).

The launch is currently exclusive to the UK and the US until spring, 1996, when it will be launched worldwide.

The UK launch is being supported by an ad campaign featuring Liz Hurley.

**Estee Lauder Cosmetics. Tel: 0171 409 6822.**





# Reflection of Excellence

SmithKline Beecham's scientific expertise is reflected in the important oral healthcare area.

The result? A complete range of famous-name products you can trust to give first-class performance.

SmithKline Beecham's commitment is to continue to produce oral healthcare products that will innovate and grow this important market.

You can rest assured that future developments will continue to create the products you and your patients trust and rely on. SmithKline Beecham's national team of dental representatives calls regularly on dental practices to ensure they are fully aware of the professional support, service and superb products SB provide for the dental profession.

**SB**  
SmithKline Beecham  
Consumer Healthcare

For further information on SmithKline Beecham Oral Healthcare products, please call 0181 560 5151.



# SCRIPTspecials

## Topamax: a novel anti-epileptic

Topamax (topiramate) is a novel anti-epileptic agent, classified as a sulphamate-substituted monosaccharide. It is indicated as adjunctive therapy for partial seizures in patients who are inadequately controlled on conventional first-line anti-epileptic drugs.

It seems to have at least three mechanisms of anti-convulsant action, which explains why it may be effective in patients who do not respond to other drugs.

The usual total daily dose is 200-600mg in two divided doses, up to a maximum of 800mg daily. Treatment should start at a lower dose and be increased gradually. It should also be withdrawn gradually. The tablets should not be broken, but they can be taken without regard to meals.

Topiramate may increase plas-

ma phenytoin, so phenytoin levels should be monitored. Phenytoin and carbamazepine decrease the plasma concentration of topiramate, therefore the addition or withdrawal of these drugs may need adjustment of the dose.

Topiramate is likely to cause drowsiness and may be more sedating than other anti-epileptics. Other side-effects include ataxia, confusion, dizziness, emotional lability, depression and weight loss. CNS side-effects are most likely in the first few weeks of treatment and tend to lessen. It increases the risk of kidney stone formation and patients are advised to drink plenty of fluids.

Although topiramate is known to be teratogenic in animals, its use in pregnant women has not

been studied. It should not be used in pregnancy unless the potential benefit outweighs the risk.

Women of child-bearing potential should use adequate contraception. Oral contraceptives should contain at least 50mcg of oestrogen as topiramate increases oestrogen clearance. Patients taking oral contraceptives should be asked to report changes in bleeding patterns.

Further clinical studies are investigating the use of Topamax as monotherapy in recently diagnosed epileptics.

The drug is available in three strengths – 50, 100 and 200mg tablets – in packs of 60 (with a basic NHS price of \$36.17, \$64.80 and \$125.83, respectively).

**Janssen-Cilag Ltd. Tel: 01494 567567.**

## Topical glaucoma therapy from MSD

Trusopt (dorzolamide hydrochloride ophthalmic solution), the world's first topical carbonic anhydrase inhibitor for the treatment of glaucoma, has been launched by Merck Sharp & Dohme.

The primary indication for Trusopt is as adjunctive therapy for open-angle glaucoma or ocular hypertension in patients who cannot be controlled on beta-blockers alone.

Trusopt may also be used as monotherapy for patients in whom beta-blocker treatment may be inappropriate, such as those with cardiovascular disease, asthma or diabetes.

Trusopt is a clear, colourless, slightly viscous solution containing 20mg dorzolamide per ml. When prescribed as adjunctive therapy with an ophthalmic beta-blocker, the dose is one drop in the affected eye(s) twice daily. When prescribed as monotherapy, the dose is one drop in the affected eye(s) three times daily.

The basic NHS price for a 5ml bottle of Trusopt, presented in a new ocumeter, is \$9.31.

As Trusopt has a local effect, lower doses are required than with systemic carbonic anhydrase inhibitors. Less systemic exposure minimises side-effects. It reduces intra-ocular pressure

without the common side-effects of miotics, such as pilocarpine (including night blindness, accommodative spasm and pupillary constrictions). Unlike beta-blockers, Trusopt has little or no effect on pulse rate or blood pressure.

Glaucoma accounts for 12-15 per cent of new registrations for blindness in the UK each year. About 1 per cent of over 40s (about 300,000 people) suffer from glaucoma, but only about half are thought to be receiving treatment – many people have glaucoma without knowing it.

**Merck Sharp & Dohme Ltd. Tel: 01992 467272.**

## Humulin 3ml

Lilly Diabetes Care has launched a range of 3ml insulin cartridges for use in an insulin pen device, the BD Pen+, which has been developed by Becton Dickinson.

The cartridge holds 300 units of Humulin and can deliver up to 69 units in a single dose. It is available in six formulations: S (Soluble); I (Isophane); M1 (10/90 mixture); M2 (20/80 mixture); M3 (30/70 mixture); and M4 (40/60 mixture). A pack of five cartridges costs \$18.26. The BD Pen+ is available free of charge from local Lilly representatives.

**Eli Lilly & Co Ltd. Tel: 01256 473241.**

## Ross Enlivens nutrition

Enlive is a new medical nutritional supplement, designed to provide a 'juicy' alternative to 'milky' supplements.

Fat-free, it contains water-soluble vitamins, minerals, trace elements and protein, and maintains identical energy values to milky supplements at 300kcal.

The four flavours – orange, apple, lemon and lime, and pineapple – reflect the most popular fruit juices bought in supermarkets. The sip feeding supplement is available in 240ml tetrapacks (\$1.50). Ross Products

says Enlive is particularly useful for patients who dislike milk or who have taste aberrations.

Enlive is prescribable for the following as a necessary nutritional supplement: disease-related malnutrition; short bowel syndrome; intractable malabsorption; pre-operative preparation of malnourished patients; total gastrectomy; bowel fistulae; dysphagia; and proven inflammatory bowel disease.

**Ross Products (a division of Abbott Laboratories Ltd.) Tel: 01628 644163.**

## Multivit capsules BPC

Healthaid has introduced its own Multivitamin capsules BPC, manufactured to the 1973 formulation. Such capsules have been unavailable in the UK during the past year and pharmacists have experienced difficulty honouring NHS prescriptions for this product. Healthaid capsules can be used for dispensing. The basic NHS price for 100 is £9.10. **Pharmadass Ltd. Tel: 0181 991 0035.**

## Primalan price

Rhone-Poulenc Rorer has reduced the basic NHS price of Primalan (mequitazine) 5mg x 56 from £4.88 to £2.80, with effect from October 2.

**Rhone-Poulenc Rorer Ltd. Tel: 01323 534000.**

## Lancet confusion

Bayer Diagnostics says there has been some confusion regarding the availability of lancets for use with its diabetes blood glucose monitoring products. Ames Lancets for use with the Glucolet finger pricking device are available to individual patients on prescription. Minilet disposable lancets for use with the Glucolet 2 finger pricking devices are available for professional use without prescription.

**Bayer Diagnostics. Tel: 01256 29181.**

## Metrogel formulation

Sandoz says there has been a formulation change to Metrogel (metronidazole). The new formulation contains an additional excipient hydroxybenzoic acid esters, which is a further preservative for the product.

**Sandoz Pharmaceuticals. Tel: 01276 692255.**

## New wound dressing

Arglaes Controlled Release Film Dressing from Pharma-Plast is a new wound dressing which uses controlled release technology to deliver silver ions, a potent antimicrobial, at a constant rate. The transparent, adhesive dressing can be used on a wide range of flat, moist wounds and is available in three sizes: 6 x 8cm (99p each, boxes of ten); 10 x 12cm (£1.99 each, boxes of ten); 15 x 25cm (£3.99 per each, boxes of ten).

**Pharma-Plast Ltd. Tel: 01527 64222.**



# An open and shut case for Tyrozets®



**Antibiotic power  
to fight  
throat infection**



**Rapid anaesthetic  
relief from  
throat pain**

The case for recommending Tyrozets is stronger than ever.

We've added eye-catching new packaging and impactful display material.

And we're offering winter deals to generate the profit your support deserves.

A strong formula. A trusted brand. A powerful pharmacy support package.

We rest our case!



## The antibiotic throat lozenge

® indicates registered trademark of Merck & Co Inc, Whitehouse Station, NJ, USA ©Centra Healthcare 1995

**Product Information - Tyrozets:** Pink, aniseed flavoured lozenges containing Tyrothricin USP 1mg and Benzocaine BP 5mg. **Pack Size:** Twin vials of 12 lozenges. **Dosage:** Adults: 1 lozenge every three hours; maximum, 8 lozenges in 24 hours. Children (over three years): reduced dosage. Maximum period of use 5 days. **Uses:** For the relief of minor mouth and throat irritations; secondary irritation following mouth and throat surgery. **Contraindications:** Hypersensitivity to tyrothricin or benzocaine. **Warnings and precautions for use:** If new infections due to bacteria or fungi appear during therapy, Tyrozets should be stopped and appropriate measures taken. Tyrozets contain sucrose, which may produce dental caries and

destabilise diabetes. When anaesthesia is at a maximum, it may be necessary to avoid food or rinse the mouth after eating to avoid further trauma to the mucus membranes. **Side-effects:** Blackness or soreness of the tongue may occur, but usually disappears when therapy is stopped. Skin rashes have been reported after benzocaine administration. Methaemoglobinaemia has been reported rarely in infants and children after benzocaine absorption. **Overdosage:** Treatment of overdosage should be symptomatic and supportive, emesis or gastric lavage should be used. **Product Licence Number:** PL 13249/0004. **Product Licence Holder:** CENTRA HEALTHCARE, Enterprise House, Loudwater, Bucks, HP10 9UF. **RSP:** £1.65 24 Lozenges P. Pharmacy only distribution. **Date:** 14 September 1995



# Marrakech express

UniChem  
  
 CONVENTION

**UniChem's 16th annual convention was held in Marrakech, Morocco, this week. The city's reputation for efficient drug distribution made it an appropriate venue for one of Europe's largest pharmaceutical wholesalers**

UniChem has had an "extremely tough" year, but is serving more independent pharmacies than at any time – nearly 100 more than in January, said the company's chief executive, Jeff Harris, when he opened the convention on Monday.

While not underestimating the economic pressures, he remains confident in the future of independent pharmacy.

Mr Harris has been impressed by the way many pharmacies are winning back business. "Clearly pharmacy is re-examining its future, but it is also revealing its strength. Maybe what independent pharmacy lacks is the conviction it can beat the groups."

UniChem is prepared to put its money behind its convictions, Mr Harris declared. In the first eight months of the year, it has helped

almost 150 pharmacists – nearly half first-time buyers – with £2.5 million of finance to buy their own pharmacies.

"My confidence is also demonstrated by our careful expansion of the Moss chain," he said. "Where large, quality shops are offered at fair prices, then we shall continue to cautiously expand."

A further sign of confidence is the maintenance of dividend growth, despite short-term setbacks in the spring. About a third of the dividend goes to pharmacist shareholders.

The problems earlier in the year resulted from moves to centralise OTC toiletries' distribution at the South Normanton depot. "This caused you all a great deal of aggravation, which we would clearly have liked to avoid," Mr Harris told delegates.

The decision to centralise was taken because of the declining market through pharmacy, he explained. "The market that represented over 12 per cent of our total sales five years ago now represents only 8 per cent. That mirrors the decline which has taken place in pharmacy."

The recent "absurd" decision by the Medicines Control Agency to give a GSL licence to ibuprofen does not inspire confidence that the Government has phar-



UniChem chief Jeff Harris

macists' interests at heart, said Mr Harris. "One can only hope that they are going to fight pharmacy's corner if it comes to a battle with the OFT over resale price maintenance on GSL medicines."

While the market for Prescription medicines has been less fierce, it has not been any more profitable. The fees per script dispensed show a "depressingly downward trend over the last ten years", said Mr Harris (fees per item have fallen in real terms from about 180p in 1987 to 145p in 1995 in England and Wales, assuming constant 1994 prices).

The fees income per pharmacy over the same period has remained roughly static – with real income (assuming constant 1994

prices) hovering around £60,000. "This gives no more remuneration for the significant increase in prescription volumes that retail pharmacists have handled," noted Mr Harris.

However, against this tough market background, UniChem "seems to have done quite a lot of right things", he said.

- Sales are up in all markets.
- Group profits are up.
- UniChem has recently won a hospital supply agreement for Smithkline Beecham.

- The company has won the first national distribution contract offered by a pharmaceutical manufacturer. It now acts as finished goods warehouse for Smith & Nephew and distributes to hospitals and other wholesalers.

"Now that we are seeing lower OTC stockholding costs because of our Normanton warehouse, we are increasing the ranges of products we offer. This trend will continue," said Mr Harris.

Investment in new systems gives UniChem very high in-stock levels – over 96 per cent for medicines in several branches, he claimed. Since a further 3 per cent represents manufacturers' out of stocks, this is nearly the maximum achievable.

"The benefits of our hard work are just about to be seen by you and us," concluded Mr Harris.

## More pharmacists participating in continuing education

Almost 80 per cent of community pharmacists take part in the continuing education provided by the Centre for Pharmacy Postgraduate Education. "That's up from 15 per cent four years ago, a statistic the profession should be proud of," said outgoing CPPE director Alison Blenkinsopp at the convention.

Last year, there were 10,000 attendances at the workshops and over 55,000 distance learning packs sent out. In the first three months of the CPPE's new year, over 5,000 assessments have been returned by pharmacists – almost as many as in the whole of last year.

"If you are not participating, you are becoming a member of a shrinking minority," she said.

"Every FHSA that has set up an accreditation scheme has included a continuing education requirement." Such schemes will spread and contracts will be placed with accredited providers in the future, she predicted.



Alison Blenkinsopp

It is "crystal clear" that giving buying power to GP fundholders under the NHS reforms has had positive effects on the services provided for patients by hospitals. "That's why Labour has stopped talking about abandoning the idea, although fundholding as we know it wouldn't sur-

vive a change of government."

A key element of the reforms has been the change in emphasis to a primary care-led health service. In the future, the buying power will be in the hands of GP fundholders.

Because of the pressure on resources, the current obsession on value for money will continue, she said. "Evidence-based practice is the jargon phrase." The Department of Health is spending \$1 million on pilot projects involving community pharmacists in advice on prescribing to GPs. "That's where the evidence base will come from to prove an effective service."

All health professionals are facing the same forces for change. One in five GPs are expected to leave general practice. Trainee posts are difficult to fill. "All the predictions are for a shortage of GPs in the future, and, as a result, others will take on some of the roles they fill.

"Nurses are increasingly seen

as able to contribute to primary care. Patients love nurse practitioners. They love community pharmacists, too, don't they? It's a major strength to be so highly thought of by the public and we have to capitalise on it."

Medicines management is another buzz phrase. It covers medication reviews, advice on dispensed medicines, monitoring compliance, prescribing advice to GPs, interpreting PACT data and more. All of these topics are the pharmacist's domain, but how many are involved with GPs in these areas? asked Dr Blenkinsopp. The whole of the CPPE national workshop programme next year will be devoted to medicines management.

Independent pharmacists will have to work with each other to compete. Group practices can offer more services from better-equipped premises. Marketing will also be critical because local negotiations will be the name of the game.





This  
red  
cloud  
has a  
silver  
lining!



Reckitt & Colman Pharmaceuticals

RECKITT & COLMAN  
PHARMACEUTICALS



# Industry changes mean more commercial opportunities

A staggering \$45 billion has been spent in mergers, acquisitions and strategic alliances in the pharmaceutical industry over the past two years, as it gets to grips with the worldwide crisis in healthcare funding driven by demographic changes.

"However, the changes offer many commercial and professional opportunities to those who have a clear vision of the future and who are prepared to adapt," said Stephen Jordan, commercial manager for Glaxo.

Consolidation has been driven by the need to reduce costs and yet maintain critical mass in R&D. The blockbuster drugs of the past decade were created in the 1960s and 1970s. Biotechnology has now replaced biochemistry, "but, in truth, it has not yet delivered the products to maintain the momentum of innovative new drug launches".

Purchasers in the future will no longer accept a strategy which sees the marketing of drugs of limited therapeutic benefit at a high price. Cost constraints have forced companies

to look long and hard at investment plans, said Mr Jordan.

"Funding for new products is only likely to be met in previously untreated or poorly treated areas."

But with the top ten companies investing \$12 billion in R&D and an ever-more competitive marketplace, the pharmaceutical industry continues to be a high-risk business, he said.

In spite of some major mergers, the market is still incredibly fragmented, with the top ten companies now holding 36 per cent of the world market, although Mr Jordan believed further consolidation would take this up to 50 per cent by the end of the decade.

There are many parallels with community pharmacy, he said. Pharmacies are consolidating into the hands of a few large players, most of which are vertically integrated. The squeeze on margins means the successful practitioner must look for new revenue streams, competing with others for FHSA funds.

"The core to all these res-



Glaxo's Stephen Jordan

ponses to the changing marketplace is that both industry and the pharmacy profession must move from being providers of medicines to being providers of healthcare," he concluded.

● Glaxo Wellcome has decided not to go into vertical integration in the US. Unlike Merck, Lilly and SmithKline Beecham, it will not be buying into pharmacy benefits management companies.



"When talking to pharmacists, we have found that they are continuing to buy parallel imports and generics, even though they may be more expensive than the UK brand," Alistair Marsh, commercial manager for Ciba Pharmaceuticals, told the convention

## Pharmacists a focal point for wound care

There are major opportunities for community pharmacists to become recognised as a focal point in the community for advice on wound care, believes Noel Kendrick of Smith & Nephew Healthcare.

Hospital pharmacists are already considered experts in this area. "Within the average pharmacy, there are numerous products to consider. Having an understanding of them all is not easy, but as healthcare services continually cascade down from hospital to community, the pharmacist is going to have to become even more specialised and equipped to assess patient conditions and recommend appropriate treatment, he said.

Nursing and residential homes are often staffed by nurses who have been away from general nursing for some time, and may not have been exposed to some of the newer dressings available.

Some pharmacists have already linked up with their local GP practice to produce formularies. Efforts are being made to encourage the GP to concentrate on diagnosis, leaving the choice of dressing to the pharmacist. "This ensures pharmacists play a key role in controlling costs by dispersing cost-effective treatments rather than habitual ones, which is often the case," said Mr Kendrick.

Sports injuries and occupational care provide further opportunities. As the workforce is redistributed into smaller units of employment, the local chemist becomes a logical source of supply for first aid products. "Educate them as to what the legal first aid requirements are, as many employers do not know," was his advice.

## Disease management

Less than 10 per cent of heart failure patients eligible for diuretics and ACE inhibitors receive both; most receive just the diuretic, which only relieves the symptoms, according to Dr John Blenkinsopp, a senior medical adviser to Zeneca Pharma.

Most heart failure patients are managed in the community, but face frequent hospital admissions. The condition affects around 570,000 people in the UK.

A new concept - disease management - may improve this. DM is defined as co-ordinated patient care with an emphasis on achieving the best clinical outcome most cost-effectively.

A DM approach might call for improved co-operation between primary and secondary 'health players', through standardisation of therapeutic practices, for example.

Incentives might be used to encourage this, suggested Dr Blenkinsopp. "Fundholding GPs might be able to make savings in their budgets with the optimal use of ACE inhibitors by reducing the number of emergency admissions to hospital."

## Treating leg ulcers

At any one time, there are about 150,000 patients in the UK with an active leg ulcer. This costs the NHS over \$400 million a year and causes untold misery to patients.

Furthermore, 85 per cent of these patients are treated solely in the community by the district nurse in partnership with a GP, said Eleanor Davis, a wound care specialist with the Clwydian Community Trust. Treatment of choice is left to the nurse in most cases.

Over 50 per cent of a district nurse's time is taken up with wound management. "With the increasing tendency to discharge patients as early as possible from the acute sector, we are noticing a district increase in the treatment of pressure damage in the community," said Ms Davis.

A leg ulcer can be defined as a loss of skin below the knee, for whatever reason, which has not healed within six weeks. Venous disease (70 per cent) and arterial disease (20 per cent) are the most common causes.

Venous ulcers are the end

result of damaged incompetent valves in the veins, which prevent efficient venous return. This causes oedema to develop every time resulting in unhealthy tissue, which may break down spontaneously or due to accidental trauma.

No wound will heal while oedema is present, so treating the cause is of paramount importance, said Ms Davis. Graduated compression bandaging is the treatment of choice for venous disease, but correct diagnosis is important; to treat an ischaemic limb with compression will lead to extensive damage.

Where ischaemia is diagnosed, a patient should always be referred to a vascular surgeon. The aim of treatment, meanwhile, must always be:

- maximise the blood flow to the leg with the aid of gravity
- to treat or prevent infection - a poor blood supply means it is difficult to control systemically
- ensure that diabetes, hypertension or inflammatory disease are controlled.



# PHARMACYupdate

**Hard of hearing**  
Listening to the problems of our deaf society /

**Depression**  
C&D looks at the causes and symptoms of depression ✓

**Audit**  
How to audit scripts which have no direct instructions VIII

**Nebulisers**  
A financially and professionally rewarding service X

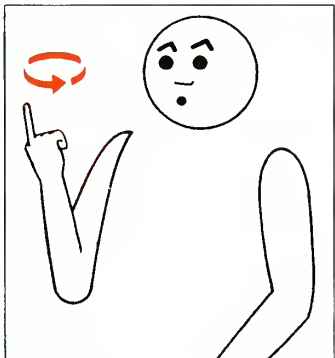
## Silent plight

With around eight million people in the UK experiencing problems with hearing, **Liz Jones** takes a look at how you can help customers with extra communication needs



find difficulty in discriminating speech can become frustrated and embarrassed by their condition. This can result in a real fear of making inappropriate comments, leading to withdrawal from conversation and isolation.  
You too may find the situation embarrassing or difficult to deal with.

**How?**  
**D**eafness is an invisible disability. There's no white stick or smiling Labrador to alert you to the fact that the customer who's just walked in has extra communication needs.  
There's also a stigma to deafness and, among those who have lost their hearing, there is a particular embarrassment. People who

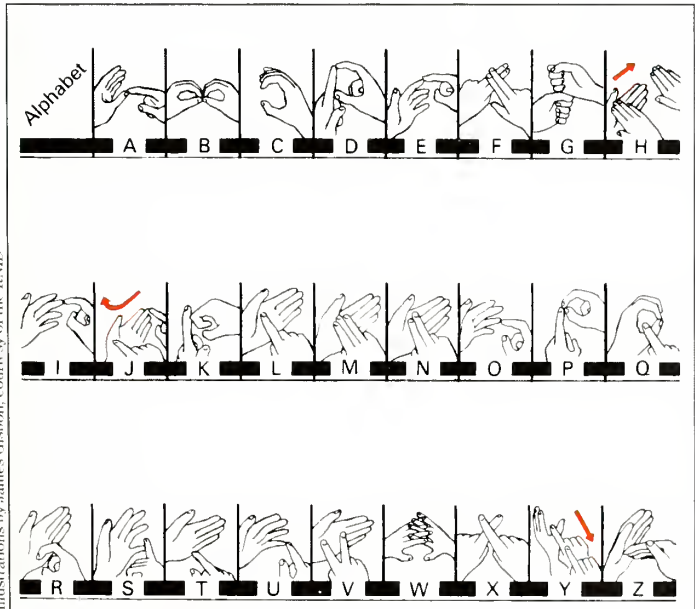
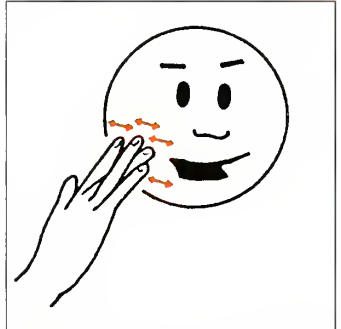


**Who?**



**Sign on**  
For people who have been deaf from birth, signing is the most widely used form of communication. It is an English language-based form of communication, so you should be aware of the further possible isolation of a deaf person from a non-English community.  
The British Deaf Association (BDA) actively encourages retailers to learn sign language: especially health

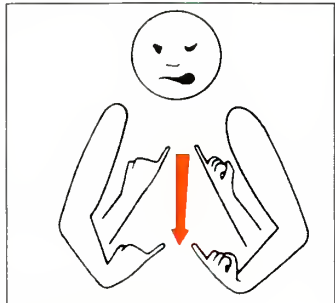
professionals where there is the potential for mis-diagnosis. The BDA is



Fingerspelling alphabet

Continued on P11 ▶

**When?**



Are you feeling ill?



Do you need a doctor?



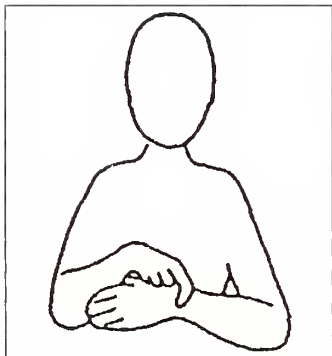
## ◀ Continued from PI

lobbying for greater NHS provision of qualified interpreters as there are only between 200 and 300 of them to serve the UK's 50-60,000 deaf people.

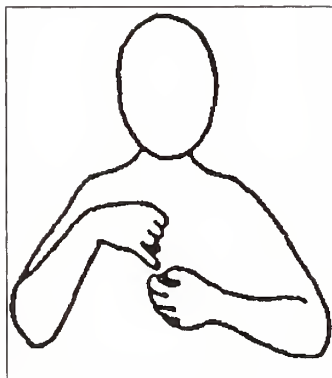
Gearing up your pharmacy to community needs means gauging the needs of that community. For example, is your pharmacy in or near a deaf school or centre?

For pharmacists interested in increasing the accessibility of their services to the deaf community, both the Royal National Institute for the Deaf and the British Deaf Association can help you find appropriate signing classes. The BDA has a data base – Intersign – which will put you in contact with your nearest signing class.

A leaflet entitled 'Basic survival signs' is also available from the RNID. This



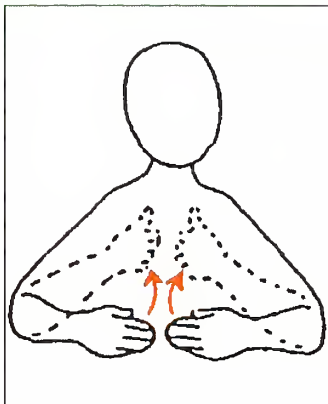
**Doctor:** take pulse with index finger and thumb



**Medicine:** use little finger to stir medicine



**Pain:** shake hand. Severity of pain shown in movement. Position hand over pain



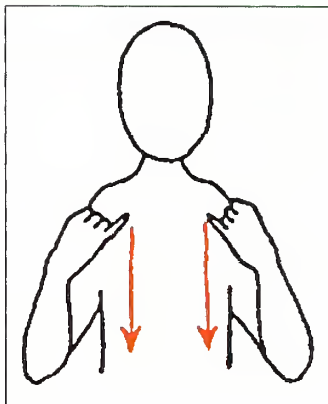
**How are you?**

may be a good starting point, as would learning the fingerspelling alphabet.

According to Bernard Quinn, head of information at the BDA, the needs of hard of hearing people are quite different from those of deaf people. There are around eight million hard of hearing or profoundly deaf people in this country, according to Hearing Concern, with the majority of these going deaf through the natural ageing process.

Don't imagine that hearing aids are the great problem solver either. Elderly people often have problems understanding how their aids work and managing to manipulate the fine control knobs and switches on them.

A few people also experience 'recruitment', where the sufferer complains that once sound reaches a



**Feeling ill**

certain level, it appears to be suddenly magnified to a point verging on pain. Altering the settings or using a different aid may solve the problem.

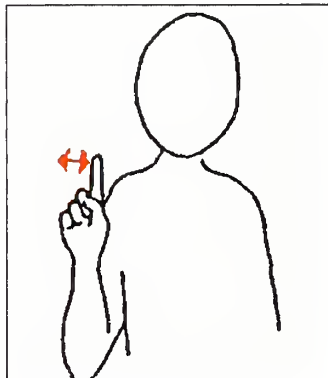
## Training options

Retailers can also get involved in the 'Sympathetic hearing scheme'. You may be familiar with its logo of a listening ear. This scheme was set up in 1982 by Hearing Concern, the only national charity for deaf/hard of hearing people who have the spoken word as their first language, and not signing.

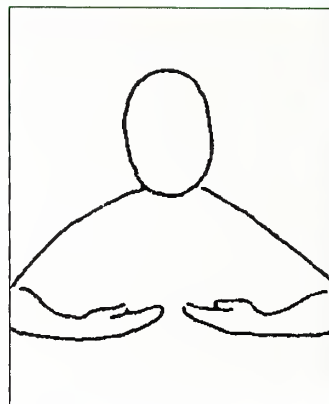
Its aim is to break down the invisible communication barrier on both sides: by training hearing people to appreciate and have a greater understanding of the needs of deaf/hard of hearing people; and encouraging deaf people to take responsibility for their deafness. It provides plastic credit card-sized cards which feature the sympathetic hearing logo and the words 'I am deaf/hard of hearing' – which is a discreet way of indicating that they need extra communication needs.

Training is provided by Hearing Concern for any business – large or small – and consists of a short basic course in communicating with the deaf, or hard of hearing. Businesses are only entitled to display the logo when all staff have been trained.

Training is not free of



**What:** waggle index finger



**Sick:** mime vomiting

charge – Hearing Concern is a charity and needs to meet its overheads – but costs are kept to a minimum and are dependent on the size of your business.

## Contacts

The British Deaf Association. Tel: 01228 48844.

Royal National Institute for the Deaf, 105 Gower Street, London WC1E 6AH. Tel: 0171 387 8033.

Hearing Concern, 7-11 Armstrong Road, London W3 7LJ. Tel: 0181 743 1110.

## Special pointers

When dealing with hard of hearing customers, it is important to remember the following points:

- speak clearly with no eating/chewing while speaking. Lip reading is an acquired skill and 30 per cent of lip patterns are the same
- make sure there's no bright light behind you making you a silhouette and hindering lip reading. It is better to face the light so you can be seen clearly
- watch out for background noise, the greatest hindrance to a hard of hearing person's residual hearing
- try not to change the subject mid-sentence as this can often lead to confusion
- keep a note pad and supply of sharp pencils handy at the front of the shop (this could be handy for signing customers, too) and write key words down (particularly names of drugs)
- watch for signs of fatigue
- be patient with mistakes. In his book, *Deafness: the facts*, Andrew Freeland also gives a list of Don'ts:
- don't mumble
- don't exaggerate your lip movements
- don't put your hand over your mouth
- don't shout
- don't repeat the same word over and over again.



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reduced sodium intake or with renal impairment. Administer with care in elderly or debilitated patients and those with neurological disorders. **Side-effects:** Vasovagal attacks have been reported following administration in elderly patients.

**Pharmaceutical precautions:** Store below 25°C. **Legal category:** P. **Package quantities:** Single 128ml enema. **Basic NHS price:** £0.46. **Product licence number:** 0108/5015. **Date of preparation:** July 1995.

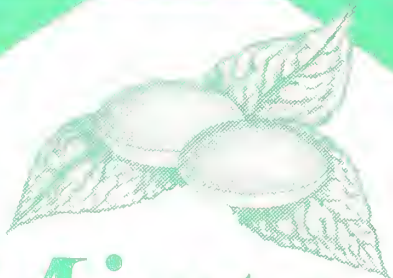
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**Pharmaceutical precautions:** Protect from sunlight. Store below 25°C. **Package quantity and price:** 25 capsules RSP (exc. VAT) £4.81. **Legal category:** GSL. **PL** 10536/0036. **PL holder:** Monmouth Pharmaceuticals Ltd, 3 & 4 Huxley Road, The Surrey Research Park, Guildford, Surrey, GU2 5RE. **Date of preparation:** July 1995.

#### Reference:

1. Dew, MJ et al, 1984. Br J Clin Pract Nov/Dec, 394-398.

 **MONMOUTH**  
PHARMACEUTICALS

Further information available on request from  
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Depression is an important and common illness. It has been estimated that as many as one in ten of all consultations in general practice are associated with depression, and in terms of impairment to health it is second only to heart disease.

It can also be a fatal illness, and there is a strong link between depression and the 4,000 or so suicides that take place in the UK each year.

In the Health of the Nation White Paper, the Department of Health has set targets in mental illness. These are to improve significantly the health and social functioning of mentally ill people and, by the year 2000, to reduce the overall suicide rate by at least 15 per cent compared with 1990. These targets have direct relevance to how we manage depression, and, since the vast majority of patients with depression are treated in the primary care sector, they should be of great interest to community pharmacists.

## Epidemiology

Depression is the most common psychiatric illness, with an annual incidence of between 3-5 per cent in the adult population in the UK.

This should be compared with other common illnesses managed mainly in primary care, such as: hypertension (8 per cent), asthma (6 per cent), angina (4 per cent) and diabetes (2 per cent).

We are all naturally concerned that there are around 2,000 deaths a year from asthma – a condition for which effective treatments exist. The number of deaths from depression is at least double this and, again, it is a condition for which effective treatments exist!

Depression is diagnosed twice as frequently in females as in males, and often develops into a recurrent or chronic illness. People with depression are about 25 times more likely to attempt suicide than the general population, and about 15 per cent will eventually do so. There are about 100,000 attempted suicides each year in the UK, of which about 4,000 are successful. It is thought this number is an underestimate.

Of these, a significant number use medication as the means of taking their lives, particularly women, where 60 per cent of suicides use this method. The most frequently used drugs are paracetamol, co-proxamol and tricyclic antidepressants,

# More than the blues



**We all have days when we say we are depressed, but when does this stop being a figure of speech and become a clinical complaint? With World Mental Health Day on October 10, John Donoghue, research pharmacist at the department of clinical psychology, Liverpool University, and senior clinical pharmacist at the department of community psychiatry, Wirral Hospital Trust, looks at the most common psychiatric disorder – depression – in the first of a two-part series**

particularly amitriptyline and dothiepin.

Whether a person is likely to commit suicide is almost impossible to predict. Expressed intentions of self-harm should always be taken seriously.

## What is depression?

Depression affects mood and behaviour and can also cause physical symptoms. It is not a passing blue mood that can

be wished away – people with depression cannot simply pull themselves together. It is a pervasive illness which affects all aspects of life: the way you eat and sleep, and the way you feel about yourself, other people and events, even if they do not involve you directly.

Depression is not an easily identifiable illness. It exists as part of a continuum which goes from normal mood at

one end of the scale to severe disability at the other. The central features are a persistent low mood and an inability to take an interest in, or derive pleasure from, normal activities.

## Negative thoughts

People with depression develop a negative and pessimistic way of thinking.

*Continued on PVI* ►



## Box 1: symptoms of Major Depressive Disorder

- 1 Depressed mood most of the day nearly every day
- 2 Markedly diminished interest or pleasure in all or most activities
- 3 Weight changes – more than 5 per cent body weight in one month, including weight loss without dieting decrease or increase in appetite
- 4 Insomnia or hypersomnia nearly every day
- 5 Psychomotor retardation or agitation
- 6 Loss of energy or fatigue
- 7 Feelings of worthlessness or guilt
- 8 Inability to concentrate or make decisions
- 9 Recurrent thoughts of death, or suicidal ideas, plans for suicide or suicide attempts.

### ◀ Continued from PV

They may feel a sense of personal worthlessness, and feel incompetent and inadequate. The world may seem to be over-demanding and full of obstacles. They may have an inappropriate sense of guilt about past events, and be unable to look forward to the future, which will often appear to be impossibly bleak and devoid of hope.

Ultimately, the depressed person may start to have persistent thoughts of death – life is not worth living, they are only a burden to others, and they would be better off dead. They may make plans for, or attempt, suicide.

Associated with this negative way of thinking are both physical and psychological symptoms.

## Physical symptoms

Physical, or somatic symptoms include sleep disturbances – often initial insomnia with early morning wakening, though less

## Box 2: illnesses which may cause or produce symptoms similar to depression:

- Other psychiatric conditions, eg dementia
- Hypothyroidism
- Stroke
- Parkinson's disease
- Rheumatoid arthritis
- Congestive heart failure
- Cancer and other chronic pain states
- Prescribed medicines
- Alcohol

commonly, hypersomnia may be a feature. There is often fatigue, loss of energy and psychomotor retardation, or there may be marked agitation. Patients may present with pain, gastrointestinal disturbances, hypochondriasis, or even a surrogate illness – for example a mother may attend frequently with a child with no illness or only trivial illness.

Psychological symptoms can include an inability to concentrate, anxiety (this is very common), an inability to function at work or in other roles, apathy and withdrawal, and a variation in mood as the day progresses. Most commonly, the mood is worse in the morning and better in the late afternoon, though in some patients the reverse can be true.

## Major depression

Symptoms of depression have been categorised systematically in two diagnostic publications: ICD-10<sup>1</sup> and DSM-IV<sup>2</sup>. Both define Major Depressive Disorder by describing the symptoms required to make a diagnosis (see Box 1).

To meet the criteria of major depression, patients must have a minimum of five symptoms, of which at least one must be number 1 or 2. They should have a duration of at least two weeks – most days or every day, and they should be a change from previous functioning.

Other illnesses can cause or mimic depression, so it is essential to exclude these before a firm diagnosis of depression is made (Box 2).

Of particular interest to pharmacists are medicines which cause iatrogenic depression – so-called depressogenic medicines. Among the most common drugs known to cause depression are antihypertensives, alcohol, and steroids (Box 3).

## The causes

In the past, depression was categorised according to whether there was an understandable cause for the illness (reactive depression) or no understandable cause (endogenous).

Some clinicians considered that where the depression was understandable, there was less urgency for treatment.

However, these distinctions are no longer generally considered useful. All depression should be treated,

## Box 3: drugs known to cause depression

- Antihypertensives – reserpine, methyldopa, propranolol, diltiazem, nifedipine
- Alcohol
- Steroids
- Cimetidine
- Oral contraceptives
- Opiates
- Psychotropics – barbiturates, benzodiazepines

irrespective of what the cause may be. Delay in treatment can result in the development of recurrent or chronic depression.

There are a number of factors which are known to cause depression:

- there may be a genetic component – depression is often said to run in families
- it may be a result of a painful life experience (called life events). These can include bereavement, breakdown of a relationship, redundancy, loneliness, work stress, prolonged unemployment, poverty and social deprivation
- it may also be a consequence of physical or sexual abuse earlier in life
- a physical illness
- drugs.

In addition to these causes of depression, there are also a number of risk factors which can increase your risk of getting depression (Box 4).

## The pharmacist

Depression is treated mainly in primary care – 95 per cent of people with depression will be treated by their doctors without being referred to a psychiatrist.

However, many people do not seek help, and even of those that do, 50 per cent of them are not recognised as being depressed by their GPs. Of this 50 per cent, some are recognised subsequently, others remit spontaneously, but 20 per cent remain depressed and still not recognised six months later.

The reasons people give for not seeking help from their GP, include being too embarrassed to consult the GP, the idea that the doctors would regard them as being unbalanced or neurotic, or that they would be unsympathetic or annoyed if consulted with depression.

There is potentially an extremely valuable role for community pharmacists in seeking out patients who have depression, and encouraging them to get help from their GP.

## Box 4: risk factors for depression

- Female sex
- Post-natal
- Mothers with children less than five years old
- Mothers with three or more children at home under 14 years old
- Family history of depression
- Problem drinkers
- Previous episode of depression
- Social isolation
- Chronic illness or disability
- Long-term unemployment

Watch out for:

- people coming into the pharmacy regularly – seeking tonics, vitamins, laxatives or analgesics. Do any of them fit into the risk categories?
- do they mention symptoms like 'down in the dumps' or feeling 'tired all the time'?
- what about mothers with babies or young children – do any of them continually bring their child for advice on a very minor ailment?
- have you noticed any changes in your regular customers – particularly in those who you know have recently had a painful life experience like a bereavement, divorce or redundancy?

The prospect of approaching a customer with the idea of talking to them about depression may be rather daunting, but there are simple questionnaires available which can provide a very good idea of whether the person is depressed, and enable the pharmacist to make an appropriate – and rapid – referral to the GP.

It is worth mentioning the cost of depression. It is estimated that the cost associated with depression in the UK is around £4 billion per annum. This is mostly made up of social costs, including lost productivity, time off work, and social care.

Healthcare costs account for less than 10 per cent and are made up of the costs of GP consultation, prescribed antidepressants and hospital care. The bulk of healthcare costs are made up of hospital costs – for only 5 per cent of patients! Drug costs, including antidepressants, make up only a small proportion of the total.

## References

- 1 *International Classification of Diseases*, 10th Edition
- 2 *American Psychiatric Association Diagnostic and Statistical Manual*, 4th Edition



# A script for Nebules<sup>TM</sup> can mean only one thing

During the last 26 years, millions of health professionals and asthma patients worldwide have come to trust the name Ventolin. Recognising that every asthma patient is different, Allen & Hanburys manufacture a wide variety of products within the Ventolin range: one of these is Ventolin Nebules.

A prescription with the word Nebules means that the pharmacist should dispense Ventolin (salbutamol) Nebules. This is because Nebules is a trade mark specific to the Ventolin brand.

You will be reimbursed accordingly – as the following extract from PSNC News confirms;

**“Nebules is a trade mark which is - brand specific and therefore where salbutamol Nebules are ordered on form FP10 contractors may be assured that Ventolin Nebules will be passed for payment by the PPA as that is the product which must be supplied against such orders.”**

So when a prescription includes the word Nebules, remember it means only one thing – Ventolin Nebules.

For further information about Ventolin Nebules, please contact the Allen & Hanburys Customer Services Department; Tel: 0800 221441 Fax: 0181 990 4328.

Ventolin Nebules 2.5mg and 5mg (salbutamol)

#### **Abridged Prescribing Information**

(Please refer to the full data sheet before prescribing)

**Uses** Treatment of acute severe asthma. Routine management of chronic bronchospasm unresponsive to conventional therapy.

**Dosage and administration** For inhalation using a nebuliser only. *Adults and children* Starting dose 2.5mg, increasing to 5mg, up to four times a day. Efficacy is uncertain in infants below 18 months.

**Contra-indications** Threatened abortion. Hypersensitivity.

**Precautions** *Severe or unstable asthma* Bronchodilators should not be the only or main treatment. Consider using oral steroids and/or maximum doses of inhaled corticosteroids. Warn patients to seek medical advice if relief becomes less effective or more doses are needed. Treat severe exacerbations in the normal way. *Thyrotoxicosis* Use with caution.

**Drug interactions** Avoid beta-blockers. Care with large doses of other sympathonimetics.

**Hypokalaemia** May occur, particularly in acute severe asthma. May be potentiated by xanthine derivatives, steroids, diuretics and hypoxia. Monitor serum potassium levels.

**Pregnancy and lactation** Experience is limited. Balance risks against benefits.

**Side effects** Mild tremor, headache occur rarely. Peripheral vasodilatation and a compensatory small increase in heart rate may occur. Transient muscle cramps have been reported rarely. Hypersensitivity reactions have been reported very rarely. Potentially serious

hypokalaemia may result from  $\beta_2$ -agonist therapy. Mouth and throat irritation may occur. There have been rare reports of hyperactivity in children. *Transient hypoxaemia* Consider supplemental oxygen. *Paradoxical bronchospasm* Substitute alternative therapy. Presentation and Basic NHS cost Ventolin Nebules: 20 Nebules 2.5mg £376.5mg £767. Hospital packs also available.

Product licence numbers 10949/0085, 10949/0086

Product licence holder Glaxo Pharmaceuticals UK Limited  
Stockley Park West, Uxbridge, UB11 1BT

POM

Date of preparation 10/2/95

Reference 1 PSNC News Issue No 11 1993



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<sup>\*</sup>Nebules and Ventolin are trademarks of the Glaxo Group of companies.



## FEEL SURE

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# The PRN problem

**David Pruce, audit development fellow for England, continues our occasional audit series by examining the extent of missing directions on repeat prescriptions**

**S**ue Smith manages a High Street pharmacy in the small town of Fiveoaks. The business has a busy dispensing side because of the large fundholding GP practice nearby. The owner of the business is also a pharmacist and he helps out at the busy time of the day.

In a rare, quiet moment, Sue reads her journals. She is particularly interested in a case where a patient mistakenly took a high dose of prednisolone over a long period. The report said the patient had been taking 5mg daily for a year for asthma. He had an acute attack and the dose was increased to 30mg daily for five days, but was meant to return to 5mg.

Unfortunately, he misunderstood the doctor and continued the high dose. No one noticed the problem for a couple of months because the repeat scripts were written 'to be taken as directed'. It was only when the pharmacist queried the amount of prednisolone the patient was receiving that the problem came to light.

## Audit approach

Sue knew some patients became confused over what their doctor had told them. Having the directions on the bottle would at least minimise the risks to them. She decided to ensure that whenever a script omitted instructions, or just had MDU or PRN, she would check that the patient

### Criteria

Patients will be given full instructions printed on the label

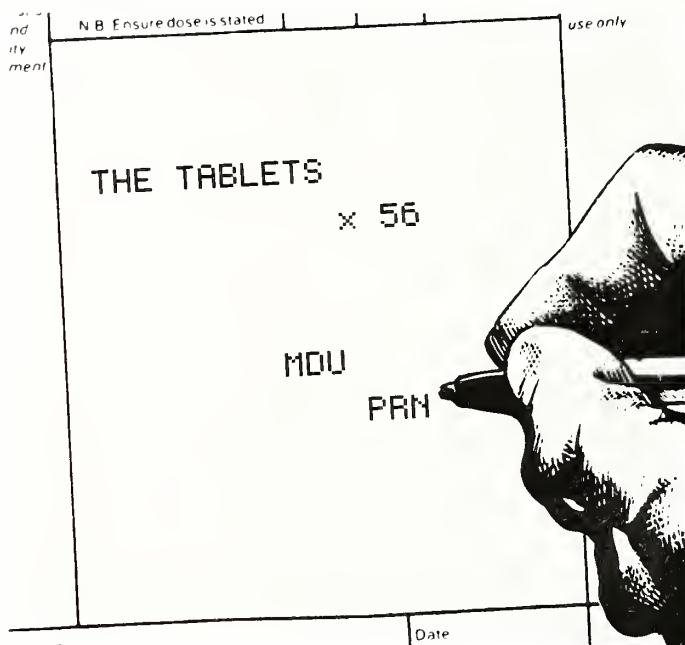
### Standard

All prescriptions omitting directions will be clarified by the pharmacist and full instructions printed on the label

## Sue's data collection form

Date	Patient name	Prescriber	Drug	How information obtained*	Comments
30/8/95	D Smith	JF	Theophyllin 400mg SR	G	One nocte

\*How information obtained: P=Patient, PMR=Patient Medication Record, B=BNF standard dose, G=GP, R=Receptionist, C=Carer



understood how to take the medicine.

Although she was conscientious about this already, she felt it would help if she measured what was actually happening and how she dealt with the problems.

The FHSA had recently appointed a pharmacy audit facilitator to help community pharmacists carry out audit. The facilitator was able to help her design an audit to measure how often scripts omitted directions and how she dealt with them. He also suggested that the local GP practice might be interested in the results.

The owner and staff all thought it was a good idea and agreed to help her. The audit was carried out over a four-week period, with information collected using a simple form (see above).

## Results

When the results were analysed there were few surprises. The practice of

using MDU or PRN or no instructions was a small but significant percentage of the prescriptions. It was spread over the whole of the local GP practice, although one doctor was a persistent offender. Sue found she often had to phone the practice. This led to delays while reception staff checked with the doctor.

Sometimes she was able to find the usual dose from her PMR or the patient. No patient left the pharmacy without having proper instructions written on the bottle, but twice she had real problems obtaining the information because the GP was not available and a carer collected the prescription. She had to deliver the prescription each time.

## Presenting results

The facilitator suggested it might be a good idea to present the results to the GP practice. It was with some trepidation that Sue set out to meet the GPs. She had a

good relationship with all of them and particularly one, but she was nervous and put a lot of thought into how to do her presentation.

She decided to tell them why she had determined to do the audit and thought it best to make the data anonymous so as not to be seen to be criticising one doctor in particular. She told them about the case report and how she was concerned to prevent such an incident happening to her patients.

The doctors were surprised at the number of times they omitted instructions and at the lengths to which she went to find the correct information. They thanked her for her presentation and agreed they must do something about the problem. In fact, the senior partner was insistent that they change their practices. Sue was amused by this as he was the worst offender! They asked her to repeat the audit a few weeks later and report back to them.

The re-audit showed a remarkable change. There were still some prescriptions which omitted instructions, but far fewer than before. The most significant improvement was the amount of time freed for other tasks. Sue had not realised how much of her time had been spent sorting out problems.

Relations with the GPs are now even better. They had always been friendly but now they are beginning to see Sue in a more professional light. She has been invited to go to their monthly lunchtime practice meetings. The doctors are even talking about paying Sue to help them develop the practice formulary.

Although a fictitious story, this article is based on a true incident and an actual audit.



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**Prescribing information Presentation:** 400 micrograms glyceryl trinitrate per metered dose. It also contains ethanol. **USES:** For the treatment and prophylaxis of angina pectoris and the treatment of variant angina. **Dosage:** *Adults and the Elderly:* At the onset of an attack one or two 400 microgram metered doses sprayed under the tongue. No more than three metered doses at any one time; minimum interval of 15 minutes between consecutive treatments. For the prevention of exercise induced angina: one or two 400 microgram metered doses sprayed under the tongue immediately prior to the event. *Children:* Not recommended for use. The spray should not be inhaled. Patients should familiarise themselves with the method of administration. During application the

patient should rest, ideally in the sitting position. **Contraindications:** Hypersensitivity to nitrates or other constituents, hypotension, hypovolaemia, severe anaemia, cerebral haemorrhage and brain trauma, mitral stenosis and angina caused by hypertrophic obstructive cardiomyopathy. **Precautions:** Any lack of effect may be an indicator of early myocardial infarction. As with all glyceryl trinitrate preparations, use in patients with incipient glaucoma should be avoided. **Interactions:** Tolerance to nitrates may occur, alcohol may potentiate any hypotensive effect. **Pregnancy and lactation:** Not generally recommended. **Effects on ability to drive and use machines:** Only as a result of hypotension. **Adverse reactions:** Headache, dizziness, postural hypotension, flushing, tachycardia and paradoxical bradycardia have been reported. **Overdose:** Recovery often occurs without special treatment

Hypotension may be corrected by elevation of the legs to promote venous return. Methaemoglobinaemia should be treated by intravenous methylene blue. Symptomatic treatment should be given for respiratory and circulatory defects in more serious cases. **LEGAL CATEGORY** - Pharmacy **PACKAGE QUANTITIES and NHS Price** Bottle of 11 2g of solution (equivalent to approximately 200 doses) £4.10 at 23/5/95 **PRODUCT LICENCE NUMBER** 03759/0042

Further information is available on request from Liphapharmaceuticals Limited, Harrier House, High Street, Yiewsley, West Drayton, Middlesex UB7 7QG  
Date of preparation June 1995  
LIP 448

**MERCK**







Harvey Proulx/Science Photo Library

# Making nebulisers work for you

**Nebulisers provide the community pharmacist with a professional challenge and a business opportunity. Dr Terry Maguire, Belfast community pharmacist, senior lecturer in pharmacy practice and co-ordinator of the Diploma/MSc in community pharmacy, Queen's University of Belfast, looks at how nebulisers work, how they fit into the management of lung disease and how they can add to your business, while allowing you to offer a vital community service**

At one time, we did not stock nebulisers as we thought the unit cost was too high. Most of the patients who had Nebules and Respules dispensed at our pharmacy acquired their nebulisers from a variety of surgical suppliers.

Occasionally, we obtained one for a patient on request but supplied it at cost price, claiming back the VAT on receipt of a suitable declaration from the patient or GP.

The patient could obtain the

nebuliser from the surgical supplier, so we could not add on a profit, but by this goodwill gesture we would be rewarded by repeat prescriptions.

A local children's charity approached us for a quantity of nebulisers and, being refused discount from the surgical supplier, we were encouraged to seek other suppliers. We secured nebulisers at 25 per cent discount for an order of three, along with an excellent after sales service.

To promote this business we had to advertise and are now continually identified as a specialist centre for nebulisers. On first advertising in a local newspaper, we sold three devices in about two weeks – and at a profit.

We have developed this profitable area of business that is professionally linked to what our marketing mix was about – looking after our customers' health. To provide a good service we had to know as much as we could

about nebuliser devices and how they were used.

## How do they work?

Nebuliser devices have the advantage of delivering a much higher dose of drug to the lungs than would be possible with other inhalation devices. In simple terms, a nebuliser converts a solution containing drug into a fine mist which can be inhaled into the lungs.

Nebulisers divide into two main types: the ultrasonic and the jet.

Jet nebulisers produce a fine spray. Gas, usually air from a compressor or a gas cylinder, is forced through a fine nozzle and a high-speed jet of gas emerges. The jet creates an area of negative pressure causing liquid to be drawn up from the reservoir. The liquid mixes with the high-speed jet, is broken up into fine droplets and blown out as a cloud of fine particles.

An appropriate distribution of particle sizes is necessary for good penetration of the mist deep into the patient's lungs. The shape of the baffle (this returns larger droplets to the reservoir), the flow rate of gas and the pressure produced determine the particle sizes. The ideal droplet size to ensure maximum lung penetration is 3-5 micrometers.

A gas/air flow rate of less than seven litres per minute or a pressure of less than 10psi will produce a large droplet size and these will simply be returned to the reservoir. If they are delivered to the patient the droplets will be too large to reach the lungs and will be deposited in the mouth or on the throat. The patient may feel the nebuliser is working, but it will be delivering very little drug to the lungs.

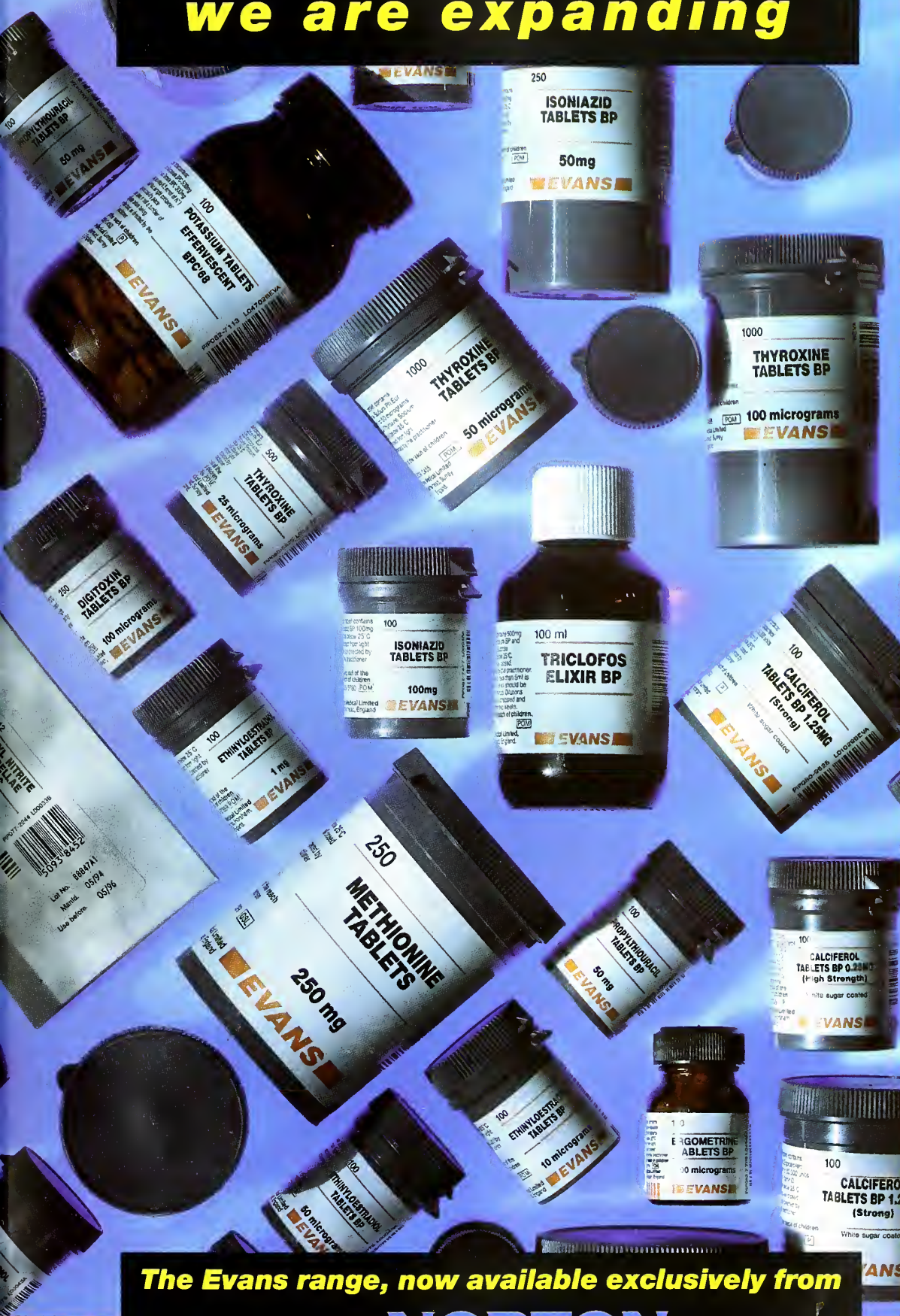
The time to nebulise a dose of drug may be in excess of 30 minutes. To efficiently nebulise a gas flow rate of 8-12L/min and a minimum pressure of 10psi is required.

The commercially available jet nebulisers are designed to provide the correct droplet size. Some patients may attempt to use a Drug Tariff oxygen-giving set attached to the nebulising chamber. However, domiciliary oxygen-giving sets have a maximum flow rate of four litres per minute and, hence, cannot produce efficient nebulisation or be of benefit to the

**Continued on PXII ►**



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STRENGTH 1 mg PACK SIZE 100

**Isoniazid Tablets**

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STRENGTH 100 mg PACK SIZE 100

**Methionine Tablets**

STRENGTH 250 mg PACK SIZE 250

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PACK SIZE 100

**Propylthiouracil Tablets**

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## ◀ Continued from PX

patient's lung disease.

In addition, it should be pointed out to patients suffering from chronic obstructive pulmonary disease that nebulising with oxygen may be dangerous.

The correct nebulising chamber must be used with each compressor because they are not necessarily interchangeable. Using a different chamber can result in the production of an aerosol with the incorrect percentage of appropriately-sized droplets.

Ultrasonic nebulisers break up the drug solution into small droplets by the very high frequency vibrations of a small piezo electric crystal.

A list of available nebuliser suppliers is available from the National Pharmaceutical Association.

## Nebulising solution

Most nebulisation solutions come in unit-packed doses of 1ml, 2.5mls or 5ml volume and, for this reason, dilution of nebulising solution is not required.

If dilution is required, then saline must be used since distilled water can cause bronchospasm due to its hypotonicity. All drugs that are active when delivered directly to the lungs are available in unit doses for nebulisation and are listed in the table.

Beclomethasone, due to its poor solubility, is not delivered efficiently by nebulisation and is best administered by metered dose inhaler using a large volume spacer device (Volumatic).

Colomycin, an effective antipseudomonal antibiotic, is nebulised by cystic fibrosis patients. In these situations the hospital will normally provide the nebuliser which will have an attachment to help avoid environmental pollution by the drug.

The injection formulation of colomycin is used and is reconstituted in distilled water as for injection – the resulting formulation is isotonic and therefore should not cause bronchospasm.

## Drug administration

The patient receives the nebulised drug either via a face mask, which covers the mouth and nose, or a mouthpiece placed in the mouth. Patients above the age of four years should be encouraged to use a mouthpiece, which is more effective in delivering the

drug and should lead to less side-effects as the aerosol is not deposited on the face – there is evidence of dilated pupils where patients use a face mask while nebulising ipratropium bromide.

Corticosteroid solutions should only be used with a mouthpiece to avoid skin damage.

The residual volume of the nebuliser chamber – normally 0.5-1ml – is the amount of solution that cannot be nebulised. This residuum has been found to be more concentrated than the original solution. A 4ml volume is recommended as ideal for nebulisation and should take usually ten to 15 minutes to nebulise.

Patients should tap the walls of the nebulising chamber occasionally during the nebulisation process in order to remove droplets of solution off the walls of the chamber.

Nebulisers, like metered dose inhalers, are a relatively inefficient means of drug delivery. After allowing for the residual volume of solution and impact in the mouth, only about 10 per cent of the nebulised dose reaches the lungs.

However, since the dose of drugs used in nebulisation is much larger than with other devices, the dose delivered to the lungs is very much greater. This occurs passively without the need for the patient to co-ordinate administration with use.

## Nebuliser care

Many different types of nebulising chambers are available. Most can be used over a period of time, with up to six months' continuous use.

Some are described as 'disposable', which indicates single use, but they can be used more than once, providing that they are used by the same individual. These may be used for a week, so long as the patient checks them for damage.

After each inhalation, the nebuliser chamber should be removed from the machine, the parts unscrewed and rinsed well under hot running water. They should be set aside to drain dry.

The nebulising chamber unit should be sterilised once a day. The constituent parts and plastic tubing should be washed in hot running water. They should be wrapped in cloth and placed in already boiling water in a large pan together with tubing and

**Table 1: list of drugs available in ready to use unit-packed doses**

Drug class	Name	Strength/volume
<b>Relievers</b>		
Beta-2-agonists	Ventolin Nebules, Bricanyl Nebules	2.5mg/2.5ml, 5mg/2.5ml 5mg/2ml
Anti-cholinergic drugs	Atrovent Nebules	250mg/1ml, 500mg/2ml
<b>Preventors</b>		
Budesonide	Pulmicort Respules	0.25mg/2ml, 0.5mg/2ml
Disodium cromoglycate	Intal	20mg/2ml

mask and boiled for two minutes only. They should then be left to cool and drain dry.

An alternative method of sterilisation may be used. A dilute solution of Milton solution – as recommended by the manufacturer's instructions for sterilisation of baby feeding bottles – may be used for the nebuliser itself, but is not satisfactory for the mask, mouthpiece and tubing.

## Trouble-shooting

Patients should be advised to have the apparatus checked if a 2ml inhalation takes more than 15 minutes to nebulise. The compressor may need to be serviced or filters changed. This service should be available in the pharmacy.

Keeping a range of parts, including those for nebulisers that you do not stock, provides a convenient after sales service which ensures that these patients continue to use your pharmacy.

## Is it necessary?

Since nebulisers are not available on the Drug Tariff, the GP may become aware that his patient has purchased one only when he receives a request for nebulising solution on prescription.

Care should be exercised when patients wish to purchase a nebuliser on their own initiative. If the patient has poor symptom control, asthma inhaler technique should be investigated and corrected if possible.

If this fails, another inhaler device should be tried. If response has not improved following these conventional treatments, only then should nebulisation therapy be considered and the GP made aware before the purchase. It is worth noting that in chronic obstructive airways disease the advantage of a nebuliser may be more 'placebo' than effective.

A protocol should be agreed with the GP or a

hospital doctor on the use of the nebuliser. This might include instructions on when medical help is needed and the maximum daily dose to take.

Normally, the asthmatic patient would be expected to get a greater than 20 per cent increase in peak flow reading following nebulisation of one dose of a reliever drug such as salbutamol. Failure to achieve this would indicate that medical help should be sought.

Every patient should receive instructions on how to clean their nebuliser and be given clear instructions on how to use the device. The system should be checked regularly and filters on the compressor, nebuliser units and mouthpieces, and tubing be changed on a regular basis.

It may be necessary to refuse the sale of a nebuliser to a patient where it is not appropriate for their therapy. Inappropriate use of a nebuliser can be dangerous, particularly where a patient delays seeking medical help thinking that the nebuliser is the solution to his deteriorating lung function.

## The business

Selling nebulisers and a range of parts need not involve a huge investment in stock. It is professionally rewarding and can bring considerable business benefits.

We are three years on from first seeking a discount and we are selling nebulisers to a wider hinterland than would normally be serviced by our pharmacy. This also brings prescription business and a repeat business for parts. We stock one type of nebuliser but provide parts for a range of models.

Most of all it is professionally satisfying that so many patients express their gratitude for the nebuliser service we provide.



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# Home workers

**In a nursing home industry dominated by national giants, there is still room for the independent pharmacist as a supplier. Anthony de Nicola assesses the market and shows how independents survive in America**

**T**he nursing home industry is a very important part of the healthcare system in the United States. It has evolved into a large business, dominated by giant, home-owning national companies. Thousands of people, mostly the elderly, live in these homes. In most cases, simply because they cannot care for themselves on an everyday basis and have nowhere else to go. Sadly, their immediate families are often not equipped, psychologically, emotionally or financially, to deal with them at home.

The vast majority of these people are taking a significant amount of maintenance medications. This is a function of their age and also because most of them went into a home after release from a hospital.

Since few, if any, homes are large enough to support a full-time, in-house pharmacy, the prescription drug needs of nursing homes have traditionally been supplied by community pharmacies. In the 1970s and '80s, as the nursing home industry grew substantially, independent community pharmacists served the bulk of their medication needs. Since the majority of homes were within the community, the pharmacy was the ideal place for a nursing home administrator to contract for prescriptions and other pharmacy services.

Independent pharmacists became the consultant pharmacists for the homes, a title which became official sometime in the mid-1980s. They provided in-service training for the nurses, reviewed medication charts and consulted with physicians on medication regimens.

With the advent of the almost totally computerised pharmacy in the 1980s, many software companies developed packages to enable pharmacies to meet the documentation needs of the



homes. These included the reports and billing schemes the administrators of the homes required. Many independents, rather than upgrade to this level, made a conscious decision to get out of the business of providing for nursing homes.

At the same time, a number of the large multiples decided to come in, either by acquiring existing independent providers and/or by setting up their own divisions to service this market. While the 'personal touch' of the independents disappeared, cost-conscious administrators had little choice but to select their providers on price rather than service.

In the early 1990s, the large, multi-faceted national companies began to acquire the homes themselves from independent operators. These companies want to vertically integrate wherever possible, providing anything and everything they can for their

homes from their own divisions.

To accomplish this in pharmacy services, many of the large nursing home owners have set up specialised pharmacy divisions, utilising the latest technology and dispensing techniques, which can provide pharmacy services to nursing homes scattered throughout the country. This is made possible by the highly-developed, overnight package delivery network in the States. These companies have the deep pockets to provide sophisticated dispensing techniques, highly computerised operations and the necessary delivery systems to replace, in many cases, the service-oriented local provider.

Despite this level of competition, many independent long-term care providers have survived and prospered. They do so by providing the highest level of value-added consulting services, and by making the necessary investments in technology.

Coupling this with the strong personal relationships that many independent pharmacists have formed with nursing home operators, there is ample room in the rapidly growing long-term care environment for independents.

The American Society of Consulting Pharmacists is the association of the long-term care providers. It runs trade shows, supports local networks of providers with continuing education and lobbies Congress on the issues which can affect members.

The organisation has been instrumental in helping consultant pharmacists and the many independent long-term care providers to remain viable in the highly competitive US marketplace. UK pharmacists who are, or wish to become, long-term care providers would do well to contact this group, which is based in the Washington DC area, to learn more about long-term care-providing techniques in the States and how they might be applied in this country.

*Anthony de Nicola is a pharmacist and president of pharmacy consultants A&D Associates. He has 25 years' experience in community pharmacy, owning two pharmacies in suburban New York. He founded and directed the Legend Pharmacy Co-operative, a network of 850 community pharmacists in 15 states, for 13 years.*

**These companies want to vertically integrate anything and everything for their homes**



# Daniels Enterprise

Daniels Enterprise is the leading national wholesaler in the weekly distribution of OTC lines. With an experienced professional sales force, over 16,000 stock lines and an efficient bulk delivery service. This provides the independent pharmacy with a Total Service Package which cannot be rivalled.

## Nationwide links all year round

A fully integrated distribution system is the key to the quality service which customers have come to expect from Daniels Enterprise, 24 hours a day, 365 days a year.

We have developed an efficient centralised operation serving our customers from one central stock holding point.

To further complement this delivery service and emphasise the Company's commitment to

providing its customer base with quality products and services, a major investment in the transport infrastructures is currently taking place, to include a fleet of the latest 32 and 17 tonne HGVs.

The original Barclay Enterprise began wholesaling in 1980, providing independent chemists with a comprehensive range of toiletries, paper and healthfood products. It has grown rapidly since then and has added an Ethical range including Generics, PI's and Glaxo to its existing product portfolio. As Daniels Enterprise, part of Daniels Healthcare, it is now the leading weekly wholesaler of pharmacy lines in the UK.

To support its national distribution service, Daniels Enterprise has invested heavily to install the latest technology in computer systems at the 155,000 sq.ft. Head Office in Stoke-on-Trent.

## Building on growth and technology

Daniels Enterprise saves its customers time and effort, and helps them manage their business better, with electronic ordering and instant access to stock availability data via PMR computer equipment

or the recently launched Daniels Enterprise Electronic Point of Sales (EPoS) system.

## The largest sales force caring for pharmacy

The key to our success lies in our experienced sales force of over 50 professional Representatives who are ready to take care of every commercial and professional need in today's pharmacy marketplace, providing weekly visits all year round to its customers. These visits provide an opportunity to grow the pharmacists' profit

by reviewing promotional activities, current best selling and seasonal lines, as well as to offer help and advice on general retailing matters.

The regular weekly visit which every pharmacy customer receives will continue to remain a key feature of the quality service which continues to set Daniels Enterprise apart from the other wholesalers.

## More stock at prices you can trust

The competitive pricing policy for which the Company is renowned and respected, remains of paramount importance. Combined with a comprehensive stock range and the largest discounted 'splits' service in the country, this means that Daniels Enterprise provides the products you need, at the prices you want - improving your profit margins.

## Daniels Enterprise

Products and services include:

- Weekly delivery service of split OTC and bulk outers
- Over 7,000 OTC lines available at the most competitive prices
- Weekly delivery of a selective range of Ethical and Glaxo lines



"I know what really impresses my Enterprise customers, it's a comprehensive range with flexible and competitive pricing"

Simon Shakespeare,  
Daniels Enterprise Northern Regional  
Sales Manager, Stoke-on-Trent

- 1-2% extra discount on weekly delivery of Glaxo products
- Highly competitive weekly ethical discount terms
- Over 4,000 OTC, GSL medicines and healthfood lines available with discounts in singles
- Comprehensive and fast moving range of Enterprise Own Brand

## Top generics at a glance

Daniels Enterprise has built up a loyal customer base with its highly competitive weekly service on generic lines and UK licensed PI's through its sister company, **Daniels Trident**. Customers can be confident of being offered guaranteed value and quality at all times on a range of 500 leading products. There is no minimum requirement for orders, which can be sent through using the direct freephone order line - 0800 614272.

## Exclusive retail development services

Daniels Enterprise offers independent pharmacies a range of services which are designed to help your pharmacy business grow. These include competitive monthly promotions, point-of-sale material, shopfitting advice and EPoS - all exclusive to independent pharmacy.

## Daniels Enterprise - Giving pharmacy the competitive edge

Today's rapidly changing marketplace means that, more than

ever before, the pharmacy business needs to compete in an increasingly crowded and diverse customer environment. Understanding this evolving commercial environment, Daniels Enterprise has been able to build up a highly valued and loyal customer base of over 4,000 independent pharmacies throughout the UK. The Company is supported by experienced teams of committed personnel, be they sales, operational or administration, who can offer some of the best deals and commercial advice in the marketplace.

For further information about the products and services available through Daniels Enterprise, contact the National Sales Office on 01782 784444 and the local Representative for your area will arrange to visit you.



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# FEET first

**In the pharmacy you're likely to come across a range of foot problems, from a simple blister to a diabetic patient needing advice on foot care. Make sure you keep up to date with the latest recommendations and products available, and keep this service in the pharmacy. Sarah Purcell reports**

**O**ur feet work hard – in an average day they can easily carry us up to 15 miles, while in an average lifetime we can expect them to walk the equivalent of three times around the world.

Despite this, feet are all too often neglected and most of us pay them attention only when problems arise. And this is more common than you'd think – more than one million people seek medical advice about their feet every month. "Feet are enclosed in footwear most of the time, and the fact that they're out of sight is out of mind," says training manager for Scholl, Kimby Osborne. "Feet are also furthest from our eyes and difficult for some people to see and reach."

In many cases, these problems could be prevented by spending a little extra time taking care of feet, and in your capacity as healthcare adviser, you could play an important role in offering some welcome, common sense advice.

The foot care market is a healthy one, worth about \$50 million and up 15 per cent in the last year, says Scholl, with the fastest-growing sectors being treatments for athlete's foot (up 17 per cent), verrucas and blisters (up 21 per cent). It's still very much a pharmacy market, with the sector (including Boots) tak-

ing 80 per cent of all sales.

At Cuxson-Gerrard, maker of Carnation, UK sales and marketing manager David Wayne says that, until quite recently, many people were unaware that problems such as verrucas could be treated with products they could buy from the pharmacy. "Before, people would have gone straight to their GP, but now they're starting to visit the pharmacy instead," says Mr Wayne.

Scholl's Ms Osborne agrees: "More and more people are using their pharmacy for foot care advice, asking the pharmacist to diagnose particular problems, such as corns or callouses."

Mr Wayne points to a growing trend in self-selection for foot care products, as in other pharmacy areas. "People are more confident about treating their own foot problems now and they expect to see more of a choice on-shelf these days. I also think we'll see more foot care products going over the counter in the near future, which is an area we are currently looking into," says Mr Wayne.

## Athlete's foot growth

With the increasing popularity of sports and leisure activities, athlete's foot has become a growing problem, affecting some 5.2 million people in the UK – that's 12 per cent of the population. "Athlete's foot is very contagious and wet changing room floors provide the ideal environment for it to spread," explains Rebecca Judd, product manager for Mycil at Crookes Healthcare.

However, although it is mainly sporty people who are at risk, this doesn't mean others can't get it, too. Athlete's foot is very common among children, and can strike anyone who suffers from sweaty feet or who wears shoes that make feet sweat more.



**Scholl's new blister plasters promote faster, more effective healing of blisters**

The market for athlete's foot treatments has reflected the growing problem, and is now worth \$10m, with an 11 per cent growth in the last year. It's still very much a pharmacy market, too, with 51 per cent of sales going through the sector, while grocers claim just a 13 per cent share. "Pharmacy is still the stronghold because athlete's foot is seen as a medical condition," says Ms Judd.

At Janssen-Cilag David Emsley, product manager for Daktarin, says: "Athlete's foot is probably the most common fungal infection with which pharmacists



**E45 is raising awareness of foot care with a new consumer leaflet on the subject, as well as sponsoring a poster campaign**



The majority of foot problems are caused by wearing ill-fitting shoes or inadequate footwear. Some simple tips you can offer your customers include:

- Look for shoes which mirror the shape of your foot – don't try to cram wide feet into a narrow, pointed shoe or put narrow feet into sloppy shoes that offer no support.
- The best time to shop for shoes is in the afternoon, when your feet have swollen a little.
- Your feet don't necessarily stay the same size for life – as you get older the foot arches drop a little and the foot spreads. It's worth trying on a larger size occasionally to see if you get a better fit.
- When choosing new shoes, make sure there's about a half an inch between the end of the big toe and the edge of the shoe and that the widest part of the foot fits comfortably into the widest part of the shoe. Once the shoe is on, you should be able to wiggle your toes up and down.
- Many people have one foot which is slightly bigger than the other. Buy shoes for the larger foot.
- Don't wear the same pair of shoes every day. Have a few pairs to alternate to allow shoes to dry out properly between wearings.
- Leather shoes are best as they allow the feet to breathe.



Philips has introduced the Foot Bath Massager, designed to relieve tired and aching feet

will be faced and therefore scope for treatment is great."

As in many OTC areas in the past couple of years, the foot care treatment market has seen stronger products coming onto the shelves. In the athlete's foot market, we've seen an increasing number of new products containing clotrimazole, the latest being Mycil Gold. So does this mean that other, weaker preparations are not as useful? Rebecca Judd at Crookes says definitely not. "The other types of treat-



New from Carnation are Blister Care plasters and a multi-treatment Corn Caps pack

ment do still have a place – the GSL products are very effective and they are what many people will choose. Clotrimazole products are good for more stubborn cases of athlete's foot."

The MCA recently recommended that clotrimazole be made a GSL medicine when used for the treatment of athlete's foot, and plans to implement changes by December 29 this year. Pharmacies will no doubt then have to fight harder to keep their hold on the foot care market once this happens.

## Blister developments

Blister treatments are another area where new technology has meant a better OTC treatment choice. Scholl has introduced a hydrocolloid plaster, developed for use on leg ulcers and wounds, which is designed to provide the right environment to drain and heal blisters. "The plasters cushion the blister and allow quicker healing," explains Ms Osborne. "Ordinary plasters can cause more friction on the blister."

New from Cuxson-Gerrard is Carnation Blister Care, using the new Active 8 system. Mr Wayne explains: "The plaster provides a healing environment for the blister, absorbing the moisture." The pack contains ten differently-shaped plasters, which were researched at sports clinics to find the most common blister shapes. The company is spending \$250,000 on advertising the Carnation range, including posters sited near pharmacies.

Whitehall Laboratories says the verruca treatment market is now worth \$0.9m, of which its Compound V product has an 11 per cent share. The market has seen good growth in the past couple of years, but it seems education is still a problem. The company says that many people stop treating their verruca too soon if they don't see an immedi-

ate improvement, when it should be continued until the verruca has completely disappeared.

## Pampering products

Philips has introduced the Foot Bath Massager to relieve tired, aching feet and to soften skin prior to a pedicure. It retails at \$38.95.

Remington has launched Foot Spa Whirl (\$47.99), a jacuzzi-style total foot care system for a relaxing or invigorating foot massage. It can be used in combination with aromatherapy oils for an enhanced effect.

Jerome Russell has added the Tea Tree range of foot care products to its Body Health brand. Combining the antiseptic essential oil of tea tree with peppermint and aloe vera, products include a foot soak, foot lotion and foot spray. All retail at \$1.99.

## Foot notes

E45, which can be used to treat dry skin on feet, has linked with the Society of Chiropodists & Podiatrists, sponsoring a generic poster which encourages the public to visit state registered chiropodists. Crookes has a new foot care leaflet for E45 on the importance of looking after feet. It is free to pharmacists from E45 Foot Care, Dept F, PO Box 193, Nottingham NG3.

Roche's Valpeda cream can be used to treat dry skin on the feet, as well as infections, including athlete's foot, says brand manager Philippa Bicknall.

With the growing popularity of swimming to keep fit, verrucas are becoming more of a problem, says FJH, maker of Aqua-Rapid guardsocks. Wearing the 100 per cent latex socks can help stop verrucas spreading and may be used while verrucas are being treated. They come in five sizes.

Haffenden also produces Britmarine Guardsocks made from latex. The non-slip soled socks



Crookes has added a clotrimazole product to its Mycil range, Mycil Gold, to treat athlete's foot



Valpeda cream, from Roche's Valderma range, treats foot infections and dry skin



Whitehall's Compound V verruca treatment comes as an eight-day treatment pack



The Aqua-Rapid guardsock can help prevent the spread of verrucas in swimming pools



Combe has introduced a slim-fitting thermal insole for the cold winter months ahead



are marked left and right to prevent cross-infection.

Seton has updated packaging for its Mycota range, using a foot-print symbol on both POS and packs.

Janssen is supporting Dakarin during 1996 with a campaign including national press advertising, PR and POS material.

Combe International has introduced Odoreaters Antartik, a slim-fitting insole for everyday shoes with aluminised foil for insulation. It contains activated charcoal-impregnated latex foam to control perspiration and odour. They retail at £3.59.

With strappy shoes back in fashion, Richards & Appleby, maker of Nailoid, recommends a regular pedicure. Although originally designed for hands, all products in the Nailoid range are suitable for use on feet, too.



The Nailoid range of manicure products is suitable for feet, too, says Richards & Appleby



Mycota has been given higher-profile packaging



Janssen's Dakarin range will be supported by a heavyweight campaign during 1996

# The foot at risk

The Foot Health Council has chosen 'The foot at risk' as the theme for this year's National Foot Health Week, which runs from October 7-14.

**Chiropodist Lorraine**

**Jones BSc SRch**

examines the more common foot complaints you're likely to come across in the pharmacy

managed, given the correct advice. Certain categories, such as those with diabetes mellitus, ischemic or neuropathic impairment, the immuno-suppressed and the elderly are prone to complications and should be advised to seek professional help from a state registered podiatrist before taking the self-help route.

Below are the most common foot complaints, some helpful tips for diagnosis and suggested remedies.

## Rough or dry skin

**Appearance:** persistent generalised scaling of the skin, often pruritic. Xeroderma, the mildest form of dry skin, tends to occur on the lower legs and feet and is often accompanied by anhidrotic skin. On the feet it is likely to become hyperkeratotic.

**Treatment:** for general dryness and/or superficial fissuring advise the use of an abrasive tool, such as a pumice stone, and the application of a preparation such as Calmurid, containing 10 per

**F**oot problems are more common than you'd imagine – some 14 million people seek advice about their feet every year in Britain. In many cases, just paying a little regular attention to their feet would make all the difference, helping to prevent problems before they start. However, most common foot complaints are easily self-

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Picture courtesy of Mycel

squeezed between the finger and thumb.

**Treatment:** professional treatment from a podiatrist and advice on footwear is recommended. A correctly-fitted shoe that stops the foot sliding forwards with a restraint over the instep, such as a lace up or buckle, may be needed. Topical treatments for hyperkeratotic tissue are available, but should be used with extreme care. In certain instances they can cause inflammation, erythema, ulceration and a secondary bacterial infection. For the treatment of fleshy areas, such as the heel, a pumice stone can be used.

## Verrucae/warts

**Appearance:** rough, crumbly surface with minimal disturbance of the skin striations. In regressing lesions, minute haemorrhages, due to thrombosed capillaries, may be visible. When pared with a scalpel or abraded, bleeding can occur. Plantar warts are common on the sole of the foot, and may be flattened due to pressure of the body weight, which can make walking painful. Mosaic warts are mostly painless and appear as plaques of rough skin with many small closely-set plantar warts delineated within.

**Treatment:** some 65 per cent of verrucae will clear up by themselves within two years, but treatment becomes less effective the longer it is left. Pregnant women should not be treated in the first trimester, while diabetics, the immuno-suppressed and those with poor peripheral circulation should avoid any initial self-treatment.

Topical preparations, the majority of which act as keratolytics, cause maceration of the verrucae and may be based on salicylic acid or in a combination with lactic acid or glutaraldehyde and formaldehyde. Patients with verrucae that do not respond to topical preparations and those advised not to self-treat should visit a podiatrist or their GP.

For Mosaic warts, formalin can be used. Soak the affected area in a 3-10 per cent solution of formalin for ten minutes daily, masking the unaffected tissue with petroleum jelly, or add 10 per cent formalin to a propylene glycol vehicle and rub into the affected area daily with a cotton bud.

## Athlete's foot

**Appearance:** acute flare-ups with vesicles and bullae are common in hot weather and are sometimes accompanied by a distinctive odour and pruritus. It often starts between the third and fourth toes where there may be maceration, erythema, fissuring and flaking skin. In chronic athlete's foot, there is dry, scaling skin and superficial fissuring with a powdery appearance, usually extending beyond the plantar surface of the foot. The nails are often affected in chronic athlete's foot.

**Treatment:** advise the patient not to share towels, as the disease can be transmitted this way. Topical antifungal preparations should be used. For resistant infections, a stronger preparation, such as Mycel Gold Clotrimazole, can be used. For nails, use preparations such as Monophylol or Phytex. If OTC preparations are not effective, consider prescriptive preparations.

## Aching and tired feet

Often due to wearing inadequate shoes or it may be due to pronatory movements. Long periods of standing are also a common cause. There are two main areas of complaint: heel pain, which occurs mostly in women over 40 and is often the result of heel spur syndrome, but may also be a biomechanical abnormality or a fascial problem. With heel spur syndrome, firm palpation to the centre of the heel may cause pain. Symptoms may be pain on rising or after resting with improvement on moving and weight bearing, but deteriorating towards the end of the day. Similar symptoms may occur in sero

negative spondylo arthritis. The second is metatarsal pain, which is often associated with clawing of the toes, resulting in prominent metatarsal heads and with increasing age, atrophy and displacement of the plantar pad.

**Treatment:** for heel pain in the early stages, physical therapies may be effective, such as strapping to alleviate tension along the plantar fascia, heel cushion to raise height of the heel and reduce pull of achilles tendon on the heel, arch support or prescribed orthotic control to control abnormal elongation of the foot. Localised or generalised anti-inflammatories may be used for metatarsal pain, simple cushioning to the area or referral to podiatrist.

## Sweaty feet

There are two types: hyperhidrosis, which is excessive sweating, maceration of the skin, which often becomes pinkish or bluish white and may be accompanied by inflammation, blistering and fissuring; and bromidrosis, which is similar but the skin takes on a pitted appearance and an offensive odour, caused by the decomposition of sweat and cellular debris by bacteria.

**Treatment:** attention to personal hygiene, aeration to allow evaporation of sweat and the wearing and daily rotation of leather-uppers footwear (open toed where possible). For hyperhidrosis, the use of stringents, such as surgical spirit or hamamelis water, are useful if inflammation is present. Neat-Feet, the first roll on antiperspirant for feet, is now available OTC while preparations containing aluminum chloride are also helpful. A potassium permanganate foot bath can also help. For bromidrosis, treat as above together with the use of an antiseptic wash with chlorhexadine and apply an aluminium chlorhydroxy complex preparation. Surgical spirit with 3-5 per cent salicylic acid added should be

Continued on 514 ►

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◀ Continued from P513

applied daily between the toes. A topical antibacterial cream may also be required.

With diabetic and high-risk groups, there may be an increase seen in secondary complications due to a lowered resistance to infection.

## Blister

As a result of pressure on certain areas of the foot due to badly fitting shoes, wearing shoes without socks or over-exertion, the body produces a fluid-filled sack (the blister) to protect the area from further damage.

**Treatment:** in the early stages, Compede or a hydrogel square, such as Spenco Second Skin gel, are excellent to reduce the shearing stress on the tissues, but not for use on broken skin. This requires an appropriate antiseptic dressing

## Ingrowing toenails

There are three conditions in this category.

Paronychia and onychia – there is no penetration of the sulci by the nail (often mistaken for onychocryptosis). Acute paronychia is usually caused by staphylococcus aureus or streptococcus pyogenes gaining entry through the cuticle through minor injury or secondary to nail biting.

Onychia is the same as the above condition, but the infection develops beneath the nail plate. Where chronic onychia occurs, it is usually secondary to candida albicans.

Diagnostic features are loss of the cuticle, beads of pus, inflammation, erythema and horizontal ridging of the nail bed. There is increased incidence in those with diabetes mellitus or with vaginal candidosis.

Onychocryptosis is where a splinter or serrated section of the nail edge has penetrated the subcutaneous tissue, causing acute inflammation, pain and, when infected, paronychia and onychia.

**Treatment:** refer to podiatrist or GP. For paronychia and onychia, advise the release of pus by a daily saline foot bath and antiseptic dressing.

Broad spectrum antibiotics may be necessary. For onychocryptosis with no sign of healing, the differential diagnosis may be a malignant melanoma or subungual exostosis.

# Supporting role

**Despite improvements in the appearance, comfort and fit of support hosiery, many women still won't try it.**

**Pharmacists are in an ideal position to correct misconceptions and to advise on a beneficial product**

Many women still dismiss support tights as unsightly and uncomfortable and therefore miss out on a beneficial product. These days, you'd be hard-pressed to spot the difference between an ordinary 20 denier tight and a support tight. Since manufacturers were allowed to use nylon and Lycra in support hosiery in 1988, support tights are now almost indistinguishable from ordinary tights – no more baggy ankles!

Scholl training manager Kimby Osborne says the message is slowly getting through. "Support hosiery now comes in a range of colours and styles, and people are becoming aware of the improvements, but it's a slow process. Among those who've tried the new support hosiery, however, there is great loyalty."

The OTC market for support hosiery is worth \$15 million, according to Scholl, with the NHS market valued at \$5.5m. In recent years, department stores, such as Marks & Spencer, have cashed in on the huge potential of support hosiery. M&S now takes 15 per cent of sales. Scholl's own sales are split between 94 per cent pharmacy and 6 per cent grocery.

Ms Osborne says 10 per cent of British women have tried support tights. In OTC, women aged 35 and under account for 34 per cent of sales and 45-55 for 19 per cent. In the NHS sector, the majority are 55-plus, with just 5 per cent under 35.



Scholl's 753 range is designed to help tired, aching legs

When recommending support hosiery, Ms Osborne advises checking that products comply with the British Standard. If they don't, they may not offer the correct support.

## Support news

Scholl has introduced the 753 range, which looks like a 20 denier tight and contains 24 per cent Lycra for a better fit and support. Developed for women suffering from tired, aching legs and swollen ankles, or those who've noticed signs of varicose veins, they give graduated support, ranging from 7mmHg at the ankle to 3mmHg at the thigh.

Scholl has introduced 'The Scholl guide to healthcare for legs' for pharmacists and assistants.

Pretty Polly's Legworks range of light support tights targets women with busy, active lives, after research revealed that many want hosiery that looks good and helps prevent tired, aching legs. The tights use graduated tension and come in two

support levels and a choice of colours and sizes.

## Tips for healthy legs

- Pay attention to posture – the back should be straight, tummy and bottom tucked in and the weight centred.
- Take plenty of exercise, especially if your work involves standing for long periods. Cycling and swimming are particularly good.
- Eat a healthy, balanced diet with plenty of fresh fruit, vegetables and fibre-rich foods.
- Put your feet up at the end of a tiring day to prevent circulation problems – this helps the blood flow from legs to heart.
- Avoid clothing such as tight knee-length socks or hold-up stockings, which can restrict the blood flow.
- Give up smoking.
- If your job involves a lot of standing, such as a shop assistant, nurse, waitress or airline stewardess; are pregnant; or just spend a lot of time on your feet, wear support hosiery.

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## Tax help

The Inland Revenue, the Contributions Agency and the Customs and Excise are piloting a helpline in Scotland for employers who are having trouble with tax or national insurance. The service is expected to be extended countrywide by next autumn.

## Phase III success

Zeneca has had successful initial Phase III trials of its schizophrenia treatment, Seroquel, which, unlike some existing treatments, has been shown not to have movement disorder side-effects. The drug also has no adverse effect on prolactin levels and no cases of agranulocytosis have been reported. Regulatory filings are expected in the first quarter of next year.

## Heart drug development

Chiroscience has signed a letter of intent with a major pharmaceutical company to develop its anti-hypertensive and cardiovascular drug levobupivacaine. In the six months to August, the group had sales of £2.11 million, up 179 per cent on 1994. Losses, which were expected, were £5.25m.

## Joint venture

Ethical Holdings has signed a licence agreement with Wyeth Lederle for the marketing of a transdermal hormone replacement therapy combination patch.

## Network closes factory

Beauty and personal care company Network Management has closed its factory. Manufacturing of its brands – Christy, Sally Hansen, Cachet, Noir, Innoxa and Lechner – will now be carried out by contract manufacturers.

## Swiss acquisition

Smith & Nephew now has a fully-owned subsidiary in Switzerland, following the acquisition of the remaining 50 per cent of its Swiss joint venture, B Braun-Smith & Nephew, for £500,000.

## NCE output slows

The performance of new chemical entities has been declining since 1980, says a report by the Centre for Medicines Research. NCEs marketed in the 1980s achieved international status more quickly than those marketed during the 1970s.

# AAH finds itself out in the cold

AAH customers will lose out financially from next month when the wholesaler eradicates discount from 300 fridge items, which still come under the Department of Health's discount clawback scheme.

Pharmaceutical Society Negotiating Committee secretary Steve Axon has raised the matter with the DoH. "We are hoping to get the products zero discounted as a group, rather than individually," he says. "It's up to the Department and manufacturers to decide whether a product is zero discounted."

Mr Axon maintains it will be harder to have the products zero discounted if some wholesalers continue to offer discounts. The PSNC has had reassurances from the British Association of Pharmaceutical Wholesalers that its members are considering altering their discount schemes.

However, to date, none of the

other large wholesalers has followed AAH's lead. Unichem, Daniels and Mawdsley-Brookes are still offering discounts, but are likely to capitulate as refrigeration costs mount.

Unichem's operations director, Chris Etherington, says his company is not about to dive in feet first: "It has all happened so quickly, we are going have to sit down and discuss whether we should change our policy." He says that although Unichem has had AAH customers wanting to move their accounts, the company would support a move towards zero discounting.

Daniels' managing director, Mike Kidd, says the company is not ready to fall in with AAH, but imagines it will do so as costs on maintaining and transporting such items escalate. Mawdsley-Brookes' sales and marketing director, Alan Backhouse, says: "We are continuing to offer dis-

counts on these items, because we always have done – but we will be watching the AAH situation with interest."

Wholesalers have been unhappy about offering discounts on fridge items for some time. Increases in the volumes and variety of these products have forced wholesalers to spend substantial amounts on upgrading cold storage sites.

Alan Turner, AAH's marketing director, says: "So many products now require refrigeration at different temperatures. We are now installing refrigeration storage with at least three different compartments."

Mr Turner says the issue of taking discounts off these items has been boiling up for some time. "There was a point when somebody had to do something about the situation. Maybe now we have made the first move things will change."

# Fisons strikes back at RPR

Fisons has fired one of its final salvos at predator Rhone-Poulenc Rorer, which is expected to raise its offer to \$1.8 billion by the end of this week.

The beleaguered company hit back at RPR's claims that it should not be valued on the same basis as research and development-based companies. It claims this is not borne out in the US, where development-only companies, such as Ivax, trade on price to multiple earnings in line with R&D-based companies.

Fisons maintains its true value must be measured against how badly RPR needs the company in order to develop as a major player in the asthma market.

Stuart Wallis, Fisons' chief executive, says: "Fisons has a confident and certain future as an independent company. If RPR wishes to acquire Fisons, it must pay a price that fully reflects the exceptional strategic value of the combination of Fisons' products, delivery technology and sales and marketing capability."

RPR's bid currently values the group at 240p (\$1.7bn), but Fisons' shares closed last week at 257.5p, with the market believing RPR will have to step up its offer in order to win the bid.

Last week, Fisons announced deals with three companies: Ciba-Geigy, Maganinm Pharmaceuticals and 3M.



Stuart Wallis, chief executive

# DoH to review PPRS in 1996

The Government may change the pharmaceutical pricing regulatory scheme next year to encourage companies to bring better drugs to market, said Stephen Dorrell, the health secretary, earlier this week.

At a London health conference, Mr Dorrell said: "The pharmaceutical industry, together with other healthcare industries, has a common interest with us in ensuring that new products are targeted at unmet needs. With proper safeguards, patent and pricing structures should be used imaginatively to encourage the

emergence of these genuinely new developments."

Association of British Pharmaceutical Industry spokesman, Ben Hayes, said the Government and ABPI were planning to review the PPRS early next year as it is the halfway stage in the Association's five-year agreement with Government over pricing.

Mr Hayes said the ABPI feels the PPRS, as it stands at the moment, is "a reasonable pricing scheme for industry", but it would welcome the Government's move to bring more revolutionary drugs to market.

# Hills' board changes

AAH-owned pharmacy chain Hills has changed its board composition in the wake of managing director Allan Orme's stepping down.

Michael Major, acting managing director, has been confirmed as managing director. Nick England, currently sales and marketing director/superintendent pharmacist, will become professional and development director/superintendent pharmacist.

Alan Sanders has been appointed retail director and John Troughton joins as acquisitions and property director from AAH plc.



## OFT looks at medicine prices

The Office of Fair Trading has admitted to conducting a preliminary investigation into resale price maintenance on medicines, just days after the collapse of the Net Book Agreement.

*Chemist & Druggist's 'Price List'* is being used by the OFT to establish how many products are price-maintained.

Donald Mason, from the OFT's competitive policy division, says a public enquiry is not necessarily on the cards: "We have been monitoring the situation and are just looking at whether a full-scale review of the exemption on medicines would be worthwhile."

## Labour holds out on minimum wage policy

The Labour Conference in Brighton has backed Tony Blair's decision to delay setting a minimum wage rate until the next general election.

The conference endorsed a low-pay commission to be set up by a Labour Government to deter-

# Pharmasite advertiser on board

Advertising company Pharmasite has bagged Reckitt & Colman as the debut advertiser for its pharmacy poster initiative.

Gaviscon will feature in the illuminated window displays and Fybogel in the dispensary sites in 2,500 pharmacies countrywide from October 9-November 4.

Pharmasite managing director Martin Murphy says the company has had "excellent support" from brand owners and the displays are booked until Christmas.

The company has yet to reveal the identity of the second advertiser, but has been in talks with several leading OTC companies, including Crookes.

Mr Murphy says he is keen to

include as many P products as possible in the displays, which will change 13 times a year. "They are the natural medium for Pharmacy-only products and advertising them here also manifests support for independent pharmacists," he says.

The dispensary site will carry major companies' secondary brands or brands from smaller outfits, reflecting its lower price - around a quarter of the cost of the main window poster. Rate card costs to advertising companies are \$25 for the main window and \$5 for the dispensary.

Since Pharmasite announced its venture in May, the Moss chain and National Co-operative Chemists have both joined the network.

Another 1,500 pharmacies are expected to sign up by next year, which will bring the number in the network to 4,000 - which Pharmasite says is the optimum. The company plans to roll out the service to include Northern Ireland during the early part of next year.

Pharmasite plans to branch out into other areas of in-store advertising, which could involve interactive technology and in-store displays.



Gaviscon advertisements light up in 2,500 pharmacy windows from next month

### COMING EVENTS

#### TUESDAY, OCTOBER 10

##### Edinburgh & Lothian Branch RPSGB

'Oral Cancer' by Roy Mitchell, consultant oral surgeon, City Hospital, 7.45pm, 36 York Place, Edinburgh.

##### West Metropolitan Branch RPSGB

'A primary care-led NHS - implications for hospital & community pharmacy' by Mary Tompkins, senior performance manager prescribing, North Thames Regional Health Authority, buffet available from 6.30.

##### Burnley and District Branch RPSGB

'Council: 24 old ...' by Andrew Burr at the McKenzie Medical Centre, Burnley General Hospital, 7.30pm for 8pm.

##### Fife Branch RPSGB

Visit to Boehringer Mannheim UK, Kirton Campus, Livingston, 7.30pm.

##### Lanarkshire Branch RPSGB

'Health promotion training for pharmacists' by Patricia-Anne Reid, health promotion department at the Lanarkshire Health Board.

##### Leicestershire Branch RPSGB

Chairman's evening, Fletcher Building, De Montford University, 8pm, buffet provided, tickets from Jan Lott or Trish Shorrock.

##### South Staffordshire RPSGB

'The training of ambulance paramedics and their role in pre-hospital care' by S Edwards, Swan

Hotel, Lichfield, 7.30 for 8pm, buffet.

##### Dudley, Stourbridge and District Branch RPSGB

Treatment of Parkinson's disease: jointly with local GPs, 7.30 for 8pm, Medical Services Centre, Corbett Hospital, Stourbridge.

#### WEDNESDAY, OCTOBER 11

##### Stirling and Central Scottish Branch

'Scar-free healing' by Dr Kenneth Broadly, Johnson & Johnson research fellow at Stirling Management Centre, Stirling University, 8pm, buffet.

##### Advance information

**The Blackpool Health Show** will take place at the Norbeck Castle Hotel, Queen's Promenade, Blackpool, on **October 15-16**. Details from Valerie Grundon, tel: 01932 867383.

'**Make the most of computers**' is a training evening organised by AAI's Southampton branch at the Hilton National, Southampton, on **October 17**. Telephone the branch manager on 01703 788011.

The National Association of Senior Pharmacy Managers and Advisers is holding a one-day conference '**The future of pharmacy in the NHS**' at the Society headquarters in London on **November 16**. Further information from Alan J Ross, conference organiser, tel: 0161 773 1726.

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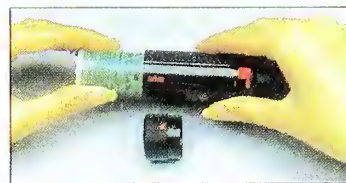
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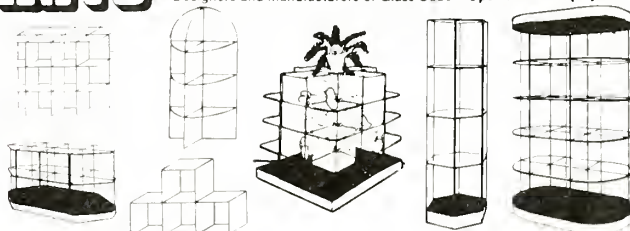
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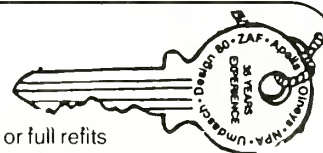
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# ABOUT people

## Scottish victory on the greens

A Glasgow pharmacist proprietor and one of his managers came first and second in this year's Vantage Pharmacy Gopher of the Year tournament.

Stuart Bannerman, owner of Bannerman's Pharmacy, won the final at The Belfry's Brabazon course in Warwickshire last month. He also took the prize for the longest drive.

Close behind him was Chris Jones, pharmacy manager at A G Bannerman in Kirkintilloch. Earlier this year, Mr Jones beat his employer in the Scottish regional qualifying round.

Third and fourth were Kevin Durkin, of Rostrevor, County Down, and Adam Jenkins, of Porth, Rhondda. Peter Finn, of Fremington, north Devon, who



won last year's tournament, was awarded the prize for being nearest the pin.

The top four players will be

entered as a team in the 1995 *Times/MeesPierson* Corporate Challenge, which is aimed at the business community.



The first group of pharmacy assistants to complete the MCA supplement modules received their certificates last week at the School of Pharmacy, Brunswick Square, London. The 22 assistants from Camden and Islington in London are pictured with tutor Catherine Duggan (seated) and Stephen Deitch, community pharmacy adviser at Camden & Islington FHSA. Lundbeck funded the additional course, designed to bring assistants up to the Society's new requirements

## No smoke without fire

A stop-smoking drive organised by two pharmacists has helped raise money for North Staffordshire Hospital.

Lindsey Fairbrother, now a manager at the Co-op Healthcare branch in Tunstall, Stoke-on-Trent, and her pharmacist colleague, Andrew Bailey, helped to organise a road show to coincide with No Smoking Day last March. They spent a week visiting 17 branches of Co-op Healthcare in Staffordshire and the North

West. Local media publicity encouraged customers to visit the road show for support on giving up smoking.

One hundred people pledged to give up for at least one day, of whom 20 were still not smoking a month later, says Ms Fairbrother.

In return for support from North Staffordshire's Health Promotion Service, the pharmacists raised \$1,000, which has been donated to the hospital's department of respiratory medicine.

## Le Brains est arrivé!

Jenny Matthias, a representative with Spectrum Pharmaceuticals, has successfully completed the Cork Challenge, described as a tongue-in-cheek reversal of the Beaujolais run ("there's no wine involved and we don't go to France!").

Contestants had to wear fancy dress and deliver four cans of Brains SA beer from Cardiff to Murphy's brewery in Cork by the next day, hitch-hiking their way there. Sponsorship money raised went to SCOPE, the charity for people with cerebral palsy.

Jenny and three friends from a sports club in Wrexham dressed as a doctor, nurse and bandaged patients and collected \$700-800.

## Viva Las Vegas!

Saran Braybrook, Gwent Health Commission pharmaceutical prescribing adviser, has won a week at a conference in Las Vegas as part of the Martindale Award.

The award, offered by the UK Clinical Pharmacy Association, will enable her to present her research to the Mid-year Clinical Meeting of the American Society of Hospital Pharmacists held in December.

Her study found that pharmaceutical prescribing adviser visits to GPs in Gwent led to more rational prescribing of NSAIDs. Face to face visits seemed to be more effective than the use of practice workbooks. She will also present her paper to the UKCPA's symposium in Blackpool in November.

## Banker chemist

David Jayes has just become the first pharmacist in the land to dispense cash along with the more usual mix of chemist items.

When the Market Harborough Building Society was looking for a new location, Mr Jayes, who already runs a coffee shop from his pharmacy in Northamptonshire, thought: "Why not?"

The building society, known for setting up outlets in strange places, installed a security counter area in the pharmacy and trained Mr Jayes' staff to take in and give out money.



Vickey Bennett at Sarson & Son Pharmacy in Paignton, Devon, has just won her seventh window display competition. Her latest creation was judged best in the South West when L'Oréal launched its new hair colorant, Excellence. L'Oréal territory manager Nick Walsh (centre) and Sarson's managing director, David Ellis, presented her prize of a wine-tasting weekend in France



*The Autumn 1995 NPA Challenge Cup, organised in conjunction with Pharmacy Today and Chemist and Druggist, will take place at the Hadden Hill Golf Club at Didcot in Oxfordshire, close to the M4 and M40 motorways, on Tuesday 17th October. Lunch sponsored courtesy of The Wisebuys Buying Group.*



# The Autumn 1995 NPA Challenge Cup



**J**oin us at the exclusive Hadden Hill Golf Club for the second NPA Challenge Cup competition this year and enjoy a great day's golf in the company of fellow pharmacists. The club has excellent facilities and the fairways and greens, on which our competition for the prestigious 'NPA Challenge Cup' will take place, are of an exceptionally high standard.

Our hugely popular golf day is open to golfers of all standards but places are limited, so anyone who has not registered their



interest in playing should do so by returning the form below as soon as possible.

The day will begin with coffee and biscuits before the morning team competition over 9 holes. Following lunch, which will be sponsored courtesy of the Wisebuys Buying Group, the individual competition will begin. The Stableford rules competition will be played over 18 holes and incorporates integral competitions, plus other individual prizes.

The evening provides a chance to relax over a drink in the elegant clubhouse before a three course dinner, speeches and prize giving.



**Fee for the full day's activities is £69 including VAT.**

## It's a day not to be missed!

**So send off the coupon today to:**

**Richard Langrish Associates,  
Osborne House,  
13-19 Ventnor Road,  
Sutton,  
Surrey, SM2 6AQ.**

**Or fax it to: 0181 288 0844**

**For further details,  
call Richard Langrish  
on 0181 288 0833.**

☐ Please send me \_\_\_\_\_ (no of persons) tickets for the 1995 NPA Challenge Cup

☐ I enclose a cheque for \_\_\_\_\_ made payable to Richard Langrish Associates

Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_

Handicap: \_\_\_\_\_



# Why dual-action Oilatum makes such a difference.

PROTECTS

HYDRATES

**Oilatum offers your customers dual-action efficacy to relieve the irritation of itchy, dry skin conditions including eczema and dermatitis.**

## 1. Hydration of irritating, dry skin

Firstly, by an emollient action to moisturise the skin and help restore its normal water balance. This soothes the irritation and relieves the itch.

## 2. Provision of lasting protection

Then, Oilatum supplements the skin's own protective layer to seal in moisture and help prevent further drying.

Have you considered the convenience dual-action Oilatum can introduce to your customers' daily routine? Whether customers prefer to use Oilatum in the bath, or the concentrated emollient action of Oilatum Gel in the shower, what could be easier than making their everyday washing routine part of their dry skin therapy as well? Moisturising creams, such as Oilatum Cream, can then be applied as required during the day.

## Oilatum soothes and softens better for longer'

Unlike other formulations which contain vegetable oils, Oilatum contains mineral oils which have been shown to stay on the skin longer and have a better emollient effect!

## Better for building business

To build upon the success of Oilatum, we're investing £500,000 in a Winter advertising campaign starting in October and launching Oilatum Gel in a new 65g size priced to attract new users.

So, with dual-action Oilatum working for you and your customers, it's not surprising that it continues as the number one bath emollient brand for dry skin conditions including eczema and dermatitis.



# Oilatum®

DUAL-ACTION OILATUM FOR ITCHY, IRRITATING, DRY SKIN  
MAXIMUM BENEFIT • MINIMUM FUSS

**PRODUCT INFORMATION:** Presentation: Oilatum emollient is an emollient bath additive, Oilatum Gel is a shower gel, Oilatum cream is an emollient cream. Active ingredients: Oilatum Emollient Light Liquid Paraffin 63.4% w/w; Oilatum Gel Light Liquid Paraffin 70.0% w/w; Oilatum Cream Arachis Oil 21.0% w/w. Uses: Oilatum Emollient and Oilatum Gel: Treatment of dry dermatitis, senile pruritus, ichthyosis and related dry skin conditions. Dosage and administration: Oilatum Emollient and Oilatum Gel: Use frequently as necessary, daily use is recommended. Always use with water. Oilatum Emollient: Add 10-30 ml (1 to 3 capfuls) to an 8 inch bath of water, soak for 10-20 minutes; for infant baths use 5-10 ml (1/2-1 capful), apply over whole body with a sponge. Pat skin dry. Oilatum Gel: Shower or wash as usual; apply to wet skin and massage gently; rinse briefly and pat skin dry. Caution: Take care to avoid slipping in the bath or shower. Oilatum Cream: Use as often as required. Apply to affected area and rub in well. Especially effective immediately after washing. Product licence numbers: Oilatum Emollient: PL0174/5010R. Oilatum Gel: PL0174/0072. Oilatum Cream: PL0174/5014R. Pack sizes & RSP: Oilatum Emollient, 250 ml £4.85, 500 ml £8.06 Oilatum Gel, 65g £4.44, 125g £8.53 Oilatum Cream: 40 g £3.16, 80 g £4.90 Oilatum Soap: £2.35

Reference 1. Gloor M, Falk M, Friedrich HC. Sonderdruck aus Zeitschrift Hautkrankheiten 1975; 50 (10): 429-436.

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Research in Dermatology